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# Journal of Social Hygiene

A Special Number  
on  
The Conference on Venereal Disease Control Work

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# Journal of Social Hygiene

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NO. 1

## THE CONFERENCE ON VENEREAL DISEASE CONTROL WORK

As indicated in the leading editorial,\* American history was made during this recent notable conference, held in Washington, D. C., December 28-30, 1936, under the chairmanship of Surgeon General Thomas Parran, United States Public Health Service. The relations of syphilis and gonorrhea to health conservation and human welfare were the subjects of deliberation by the thousand distinguished representatives of science, medicine, public health, and other professional and lay leadership of the nation.

Of such importance are the findings of the Conference, that the address of Assistant Surgeon General Vonderlehr has been supplemented by abstracts of the entire proceedings for ready reference by readers of the JOURNAL in their active participation with the medical profession and health authorities in nation-wide application of the approved measures for control of syphilis and gonorrhea.

The President's greetings and Miss Roche's inspiring introduction of Doctor Parran set the stage for this conference, which marked the launching of a continuing campaign to stamp out syphilis and control gonorrhea. The significance of the recent events in the medical and public health phases of social hygiene have led not only to devoting this number of the JOURNAL to them; but also a part of the February and March numbers, which will present the principal papers prepared for the Association's Annual Meeting, and describe National Social Hygiene Day activities.

\* Page 46.

## THE PRESIDENT'S LETTER

The White House  
Washington

“December 24, 1936

“My dear Miss Roche:

“I deeply appreciate your invitation, and that of Surgeon General Parran, to address the opening session of the national conference on venereal disease control, and I wish it were possible for me to do so. Since I cannot attend in person, I am glad to convey to you, and through you to those in attendance at the meeting, this expression of my very deep interest in the success of your efforts.

“The recent increase in public interest in the problem before the conference is extremely gratifying. With the assistance now being given by the Public Health Service through Social Security funds, it should be possible for State and local health authorities to develop needed facilities for the treatment and control of these diseases. It is my understanding that out of your deliberations there will come a statement of principles and methods which should be useful to every community in the country in applying most effectively the scientific knowledge which we have to minimize these serious hazards to the public health.

“The Federal Government is deeply interested in conserving the resources of the country by all appropriate methods. The attainment of your objectives would do much to conserve our human resources and would reduce considerably the present large costs for the community care of the disastrous end results of the venereal diseases. You have my best wishes for success.

Very sincerely yours,  
(Signed) FRANKLIN D. ROOSEVELT.”

Honorable Josephine Roche,  
*Assistant Secretary in Charge of Public Health,*  
*Department of the Treasury,*  
*Washington, D. C.*

## REMARKS AT CONFERENCE ON VENEREAL DISEASE CONTROL WORK

HONORABLE JOSEPHINE ROCHE

*Assistant Secretary in Charge of Public Health Department  
of the United States Treasury*

"May I, for just a moment, stress the full implications of the sentence in the President's letter referring to the gratifying recent increase in public interest in the problem before this conference.

"You who make up the membership of these meetings are more aware than any others can be of how widespread, far reaching and how intelligent this newly expressed public interest is. You, more than anyone else, sense the potential achievements for human welfare for which it opens the way. But, I doubt very much if any of you have realized the basic reason for this tremendously important advance in public attitude and thinking which seems to have taken place so suddenly.

"Gratifying it is, but not surprising. The real reason for it—the answer—is here—in the names and the records of lifetime service of the men and women who make up the program, the panels, and the committees of this conference.

"For many years, tirelessly and ably you have battled to conserve human values. You'd laid a deep and sound foundation for the swifter progress that lies ahead.

"The clear thinking and vigorous response that is being given today to a united nationwide drive upon the problem of venereal disease could result only from such long, patient and scientifically sound work as you who are here today have carried on through the years. To have mental honesty and keen social thinking break through and conquer fear, prejudice and hypocrisy is, of course, of tremendous importance in the advance we are committed to make on venereal disease. But it means more than a victory in a specific field—it reaches out and gives fresh courage to us to move forward on the many other battle-fronts of human progress where, in some manifestation, prejudice and fear and hypocrisy are ever the chief forces against us.

"I think I can share with you the realization of the deep significance of this conference, so widely representative of the men and women who have done so much in the field of human service, and who must do so much more. Particularly may I express my gratitude in being privileged to share with you the tribute you pay today to the man whose courageous leadership and constructive statesmanship has made this great conference possible under the auspices of the United States Government—the Surgeon General of the United States Public Health Service, Dr. Parran."

## ADDRESS OF WELCOME—THE GENERAL PURPOSE OF THE CONFERENCE

THOMAS PARRAN, M.D.

*Surgeon General, United States Public Health Service*

For many years those of us engaged in public health work have been handicapped, in our efforts to control the venereal diseases. Recently we have seen a remarkable increase in public interest and public concern. We are seeing definite signs of public demand for action by the health agencies, by the medical profession, and others concerned with this problem. This conference has been called to devote itself primarily to a consideration of the principles which should underlie a national plan for the control of the venereal diseases.

Public interest seems to be running ahead of the provision of community facilities for the diagnosis and treatment of these diseases. We are told by leaders of the medical profession that many physicians are not prepared to give modern diagnosis and treatment. We have learned from check tests that many State and private laboratories are inaccurate in their examinations. The examinations for syphilis are so insensitive in some laboratories that cases of syphilis are missed. In others they are so hypersensitive that certain persons who are not suffering from the disease are labeled as syphilitic. In other words, the laboratory facilities of the country need to be improved. Relatively few health departments are prepared adequately to deal with the problem. We have not developed more than a handful of captains and lieutenants and very few corporals or even privates in the ranks who are needed to assist in the control of these diseases. We find many hospitals still unwilling to admit cases frankly diagnosed as syphilis or gonorrhea although inevitably these hospitals continue to treat end-results. We find many prenatal clinics still not applying a routine Wassermann test on their admissions and the same thing is true in private practice.

Those are just a few of the problems which are to be discussed. I look upon this as a working conference rather than a talking conference. I hope that in your several addresses and discussions you will be specific in suggesting the definite things which need to be done by the medical profession, the health authorities, and others in dealing with each particular aspect of the problem. We have invited here the leading brains of the country to prepare a series of blue-prints for venereal disease control. I hope that out of your deliberations during the next three days we may have an adequate set of principles which will guide the development of the control programs in the several States. There are vast differences among the 48 States of this country and even within the individual State, which will require adaptation of method. Nevertheless there should be many underlying principles which can be enunciated and serve as a guide to the public health and medical profession of the country.

I should like to say also that in recent months there has been a gratifying increase in medical interest and in the desire on the part of the organized medical profession to cooperate fully with health authorities in carrying out this national campaign for venereal disease control.

# RECENT EXTENSION OF VENEREAL DISEASE CONTROL WORK THROUGH THE PROVISIONS OF THE SOCIAL SECURITY ACT \*

R. A. VONDERLEHR

*Assistant Surgeon General, United States Public Health Service*

A few months ago we requested the health officers of the several States to inform us concerning the venereal disease control measures which were being developed in their health departments on October 1, 1936, under the provisions of the Social Security Act. Similar information had been collected in 1935 before social security appropriations were made available,\* and this furnished a basis for comparison. The data upon which the present report is based consist, therefore, of statements submitted by the several State health officers. Generally speaking, it is felt that a clear description is given of the newly applied measures in the several States.

Eleven States (Alabama, Arizona, California, Florida, Indiana, Michigan, Nebraska, Nevada, New Hampshire, New Mexico, and Wyoming) reported that no funds had been allotted for the control of the venereal diseases. Several States had planned comprehensive programs but had not adopted them on October 1. If adopted, the projected work will lead undoubtedly to splendid accomplishments. Only work that appeared to be actually under way as of the above date, however, has been included in the present report. Detailed measures established by individual States will first be described. This will be followed by a presentation of the progress made by all States in instituting a generally accepted means of combating the venereal diseases.

## DETAILED MEASURES ESTABLISHED BY STATES

*Connecticut.*—The cities of New Haven and New Britain have been allotted \$1,800 each, the greater part of which is for salaries of part-time physicians in the venereal disease clinics. The State department of health has budgeted \$3,000 for the purchase of antisypilitic drugs.

\* Presented before the Conference on Venereal Disease Control Work, Washington, D. C., December 28th, 1936. Printed also in *Ven. Dis. Inform.* 17-177 (1936).

*Delaware.*—In two towns night clinics have been opened in addition to the regular weekly clinics. In Wilmington a social service nurse has been assigned to work with the four hospitals which maintain clinics. Arsenicals and other materials are furnished free to these clinics and some equipment has been given to one. The clinic directors are paid a small fee for attendance. A nurse has been added to each county unit to do follow-up work in tuberculosis and venereal diseases and to assist in the clinics. More thorough investigations are made as to the sources of infection, and isolation has been resorted to in several instances.

Mailing kits for delayed dark-field examinations have been made available to physicians. New pamphlets on syphilis and gonorrhea have been prepared for physicians to give to patients, and for distribution in the clinics.

*District of Columbia.*—New activities have been limited largely to improvement in the clinical service. Three part-time physicians have been added to the clinic staff and new equipment has been installed. Clinic hours have been increased from 22 hours per week to 34 hours per week. One full-time nurse has been added to the clinic, making four in all. In addition, nurses are assigned to clinic sessions for 9 half-days a week, and these also follow up selected cases.

Additional facilities have been provided for the treatment of infants with congenital syphilis, especially the children of women who have been under treatment during the prenatal period.

An associate bacteriologist has been employed in the health department laboratory, and an allowance of \$600 per year has been made for the purchase of equipment and supplies. Since securing this allotment it has been possible to extend the work of examining food handlers and employees in business establishments.

*Georgia.*—An assistant chief of the division of venereal disease control has been employed. He is engaged in educational work and is addressing both professional and lay groups. Clinics for the examination of pregnant women are being held.

*Idaho.*—The first step in the program for Idaho was a State-wide venereal disease survey made by an officer of the Public Health Service. The recommendations in this report will be followed by the State health officer. Drugs are being distributed to private physicians for the treatment of both syphilis and gonorrhea, and one clinic has been established.

An educational program consisting of talks by staff members, articles in the monthly bulletin, and the distribution of literature relating to syphilis and gonorrhea, is being conducted.

*Illinois.*—A full-time venereal disease control officer has been appointed.

*Iowa.*—Efforts are being made to stimulate case reporting. When an early case is reported, physicians are furnished with neosarsphenamine and a bismuth preparation sufficient for 10 treatments. A copy



of the reprint "Standard Treatment Procedure in Early Syphilis" is also forwarded to physicians who report cases.

An assistant epidemiologist who will give part time to venereal disease control work has been appointed.

*Kansas*.—A full-time venereal disease control officer who had been given a special course of training was appointed on July 1. Under the guidance of an officer of the Public Health Service, a study of the venereal disease problem has been made, which included a survey of the clinics in the three large cities of the State—Kansas City, Wichita, and Topeka.

*Maine*.—Five new clinics are being equipped and are practically ready for work. Clinics will be located in 11 of the 20 cities in Maine.

*Maryland*.—Nine new clinics have been established. A division of venereal diseases in the bureau of communicable diseases of the State department of health has been created.

All State-operated or subsidized clinics have been inspected and approved. Uniform records and standards for the admission of patients, and uniform methods of treatment have been adopted.

Provision has been made at Johns Hopkins Hospital for the training in syphilis control work of physicians from any part of the country. Drugs for the treatment of syphilis are distributed free to all physicians desiring them regardless of the financial status of the patients.

*Massachusetts*.—In Massachusetts the work has centered on furthering the epidemiologic control of syphilis and gonorrhea. The follow-up service in 11 clinics has been augmented by the addition of 9 workers. The Boston metropolitan area has been divided into five districts. A worker has been assigned to each of these districts. This worker follows all the cases residing in the assigned district for all six clinics in Boston. Thus each clinic has five workers who are constantly in the field following lapsed cases and searching for contacts and sources of infection. The superintendents of the hospitals and the clinic personnel have entered whole-heartedly into this cooperative scheme and are giving it their full support.

A technician has been added to the staff of the laboratory. Orders have been placed for bismuth for distribution to clinics throughout the State.

Free drugs for the treatment of syphilis are furnished for all patients, regardless of financial status.

*Mississippi*.—One new clinic has been organized in Vicksburg and a full-time social service worker employed. One clinic-day has been added to the clinic service in Pike County, and in Lauderdale County a full-time nurse for follow-up work has been employed.

*Missouri*.—The only control measure under way in Missouri is the distribution of free drugs for the treatment of syphilis to physicians upon request.

*Montana*.—In Montana, also, the only new work is the furnishing of free drugs for patients whose treatment would otherwise be delayed.

*New Jersey.*—The sum of \$5,500 has been spent for drugs and supplies for distribution to clinics and physicians treating indigent cases. This is in addition to the amount purchased from State funds. Educational pamphlets to the number of 40,000 have been purchased; 10,000 reprints of the article *Why Don't We Stamp Out Syphilis?* are included.

A physician has been appointed as assistant to the consultant, whose chief work has been a survey of all the 36 clinics in the State. He is also assisting in the general program to improve the dark-field and Wassermann service.

Newark has been given \$10,000 with which to increase venereal disease control work. A physician has been engaged on a full-time basis to assist in carrying out the program. Clinic physicians are being paid on a part-time basis, and drugs have been purchased for the use of private physicians in the city for the treatment of certain types of patients.

*New York.*—There have been no essential changes in the activities in New York State, where the program was well developed before Social Security funds were available. A program for the control of syphilis approved by the State department of health has been established in Albany, making the fourth city in the State in which such programs were in operation on October 1, 1936.

*North Carolina.*—A venereal disease control officer was appointed who was to assume his duties on October 1, 1936.

*Ohio.*—A part-time assistant venereal disease control officer has been employed. Better reporting is being stressed. Working with the health commissioner, every physician, dentist, and druggist in his district is interviewed personally. A reprint of the article *Why Don't We Stamp Out Syphilis?* is given each physician. Usually talks are made before the local medical society, and it is again explained that free arsenicals and free diagnostic service is available in all cases. The importance of the early treatment of syphilis is stressed and the practice of taking routine Wassermann tests of all expectant mothers is urged.

Lectures are also given before various civic organizations, clubs, and nurses' meetings. An exhibition of placards and charts has been shown at county fairs and before the Ohio State Medical Association. The film *For All Our Sakes* has been shown to civic organizations as well as to medical societies.

*Pennsylvania.*—An assistant full-time medical officer has been added to the staff of the division of genito-urinary clinics. An officer of the Public Health Service is assisting in the reorganization of the old program. Eleven nurses were given special training as medical investigators and have been stationed in different areas of the State to investigate sources of infection and to follow up contacts among clinic and private patients.

Nine new treatment centers have been established, bringing the total number of clinics in the State up to 76. Clinics have been furnished with additional equipment and drugs. A more liberal policy

has been adopted in the matter of furnishing free drugs to physicians for treatment of syphilis.

*Rhode Island.*—Special attention is being given to epidemiologic investigations. The efficiency of these investigations has greatly increased since the establishment of district health units was made possible by Social Security funds.

Hospitals have been asked to make routine Wassermann tests on all patients admitted either to the out-patient department or to the hospital. Thus far the response has been poor, but efforts to obtain the cooperation of the hospitals will be continued.

*South Carolina.*—Efforts are confined to the control of syphilis. The cooperation of the medical societies in the State has been sought. The sum of \$3,000 has been allotted for the purchase of drugs for the treatment of syphilis.

*Tennessee.*—A full-time venereal disease control officer has been employed in the State.

*Texas.*—A full-time venereal disease control officer has been employed. New forms for reporting cases of venereal disease and new pamphlets for general distribution have been prepared and are ready for printing.

*Vermont.*—Drugs were formerly furnished for indigent patients, but now are furnished to all patients through the private physician.

*Washington.*—A full-time venereal disease control officer has been appointed and a comprehensive program planned. The epidemiologic program, which has for its aim an interview with every patient regarding the source of infection and contacts, was under way on October 1, 1936.

Public health nurses are available for the follow-up of private patients.

*West Virginia.*—Two clinics have been reorganized. Several motion-picture films have been purchased.

*Alaska.*—A laboratory has been established, the services of which are free.

#### PROGRESS IN STATES BY TYPE OF MEASURES ADOPTED \*

##### DIVISION OF VENEREAL DISEASE CONTROL

Separate divisions of venereal disease control have been established in three States, Kansas, Maryland, and Texas, making 16 States in all that now administer their programs for venereal disease control through separate divisions. The other 13 States are Connecticut, Georgia, Indiana, Kentucky, Maine, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, West Virginia, and Wisconsin.

\* Slides of outline maps have been made showing the States which have adopted the different control measures mentioned here. These slides may be secured on request to the Surgeon General of the Public Health Service.

## FULL-TIME CONTROL OFFICER

Seven States, Illinois, New Jersey, North Carolina, South Dakota, Texas, Tennessee, and Washington, have added a full-time venereal disease control officer to the staff of the department of health. Nine States, Connecticut, Georgia, Indiana, Massachusetts, New York, Ohio, Pennsylvania, Rhode Island, and West Virginia, already had full-time officers.

## FREE DRUGS FOR TREATMENT FURNISHED ALL PATIENTS

There appear to be only four States, Maryland, Massachusetts, New York, and Vermont, in which drugs for the treatment of syphilis are furnished free for the treatment of all classes of patients, Vermont being the only State to add this service since Social Security funds became available.

## FREE DRUGS FURNISHED INDIGENT PATIENTS

Free drugs for the treatment of indigent patients have been provided for several years in 30 States and the District of Columbia, at least to a limited degree. They are now distributed in seven additional States, viz, Idaho, Louisiana, Mississippi, Missouri, Montana, South Carolina, and Washington. In Missouri and Montana no other new work is reported as having been started by October 1, 1936. On that date, Arkansas, Colorado, Kansas, Nevada, North Carolina, North Dakota, Texas, Utah, and Wyoming were not providing antisyphilitic drugs through their State health departments.

## DARK-FIELD EXAMINATION FOR PRIVATE PATIENTS

Vermont is the only State in which dark-field examination for private patients has been provided for from Social Security funds, making 21 States in which this service is now available. These States are Delaware, District of Columbia, Georgia, Illinois, Louisiana, Maine, Maryland, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Rhode Island, Utah, Vermont, West Virginia, and Wisconsin. Is your State among these?

Most State health officers report that their departments include laboratories where serologic tests for the diagnosis of syphilis are performed free upon the request of any physician. Wyoming had no such laboratory. In Colorado, Iowa, Kansas, Oregon, and Texas some limitation is placed upon serologic tests; a charge for the service is made or the tests are for indigent people only. The universal need for free serodiagnostic tests, efficiently performed and available to all, can best be appreciated when it is recalled that such tests constitute one of the two most important laboratory methods of control.

## EPIDEMIOLOGIC MEASURES

Epidemiologic investigations seem to have fared rather better than some other projects. Eight States, Delaware, Maryland, Massachusetts, Mississippi, New Jersey, Pennsylvania, Rhode Island, and Wash-

ington, and the District of Columbia report increased facilities for follow-up work. Epidemiologic measures were reported in all States except Arizona, Arkansas, Colorado, Florida, Missouri, Montana, Nevada, New Mexico, Ohio, Oklahoma, South Carolina, Texas, and Wyoming.

#### REPORTING CASES OF SYPHILIS AND GONORRHEA

During the year July 1, 1935, to June 30, 1936, there were 26 States and the District of Columbia in which the number of reported cases of syphilis and gonorrhea was more than 2 per 1,000 of the population in the State. It is hardly necessary to remind a group of health officers that this gives an indication of the relative completeness of morbidity reporting rather than the actual prevalence of these diseases. The States reporting more than 2 cases of syphilis and gonorrhea per 1,000 population are as follows: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, South Carolina, Tennessee, Virginia, Washington, and West Virginia.

#### MORE THAN ONE CLINIC PER 100,000 POPULATION

According to recently compiled data there are about 1,000 free, pay, and part-pay clinics for the treatment of syphilis and gonorrhea in the United States, or approximately one clinic to every 130,000 of the population. In 15 States, California, Connecticut, Delaware, Kentucky, Maine, Maryland, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Rhode Island, Tennessee, and West Virginia, and the District of Columbia the ratio of clinics to population is greater than this. It is to be noted that the efficiency of clinic operation has not been considered here although it is a factor of the greatest importance.

It is well established that both syphilis and gonorrhea are more prevalent among Negroes than among white persons. The section of the country which has the largest Negro population, and, therefore, needs facilities for the treatment of venereal diseases more than any other section, is providing fewer clinics to supply this treatment than the average for the whole country. The same deficiency exists in the majority of the States, the only mitigating circumstance being that the need for free treatment is probably not so great in sections with smaller Negro and urban populations.

#### DIRECT EXPENDITURES FOR VENEREAL DISEASE CONTROL

Direct expenditures for the control of venereal disease (that is, exclusive of laboratory maintenance) are very small. In only six States (Delaware, Idaho, Massachusetts, New Jersey, New York, and Utah) is the amount as much as 1 cent per capita. In one or two States it is less than 1 mill. Delaware carried the honors with 3 cents per capita.

No real headway against such widely prevalent diseases as syphilis and gonorrhea can be expected so long as these small and, in some instances, trifling sums are allotted for the program.

#### THE WORK MUST GO FORWARD

Venereal disease control measures which have been instituted vary both in number and in comprehensiveness. A total of 25 States, the District of Columbia, and Alaska, report the development of new work under the provisions of the Social Security Act. This is encouraging, especially because of the tendency of many health officers until recently to regard as of questionable value the practicability of venereal disease control work. The experience of foreign countries in the control of syphilis and a growing public interest have stimulated action. In addition, the success attained in several States in this country with more progressive health departments has augured well for the future of the program. The worthwhile attainments of the States now adopting new measures for venereal disease control will without doubt serve as an increased incentive to the rapid expansion of this work. United and sustained effort by all health officers is necessary and will be achieved. The syphilis problem is a national one.

A recent event which apparently indicates the active interest of the medical profession was the action of the presidents and secretaries attending the Conference of Presidents and Secretaries of State Medical Societies in Chicago last month. Following the unanimous approval of those present at this meeting, the Surgeon General has requested the appointment of a committee, representing the State society, which will recommend a practical local program for the control of syphilis and gonorrhea. An advisory committee of this kind has already been appointed by presidents in 21 State medical societies. Five reports have already been submitted by the committees in as many States. The plan calls for the submission of the report not only to the Public Health Service but also the State health officer.

#### CONCLUSIONS

The evidence which has been accumulated in this report indicates an urgent need for the adoption of the following measures in the campaign against syphilis and gonorrhea in this country:

1. The appointment of a full-time venereal disease control officer in every State department of health.
2. A much more liberal policy with regard to the free distribution of antisyphilitic drugs.
3. More general use of the dark-field examination, either direct or delayed, in the diagnosis of early syphilis.
4. More widespread use of epidemiologic investigations in the control of syphilis.

5. Greater persistence on the part of health officers in the attempt to obtain reliable morbidity and mortality reports.

6. The development of more and better facilities for diagnosis and treatment.

7. The adoption of reasonable standards of efficiency by State health departments before formal recognition is given to clinics for the treatment of syphilis and gonorrhea.

8. A much more liberal allotment of funds for direct expenditures in the control of the venereal diseases.

## A SYMPOSIUM OF VIEWS IN REVIEW

WILLIAM F. SNOW, M.D.

Following Surgeon General Parran's address of welcome and statement of the purpose of the Conference, the general session speakers at the recent Conference on Venereal Disease Control Work presented clearly and interestingly their respective view-points on the principles and practices of successful programs for the control of syphilis, and the attack upon gonorrhea. For the purposes of this brief review no attempt has been made to quote directly from the papers or to abstract the complete statement\* of any author; the material selected has been edited to give the readers of the JOURNAL a general idea of what these outstanding leaders of medicine and public health advanced as essentials in planning a campaign to stamp out syphilis and control gonorrhea. The recommendations which grew out of discussion of these and other views are summarized in the article on the Section meetings appearing elsewhere in this issue.

### THE NEW YORK STATE PROGRAM FOR SYPHILIS CONTROL

EDWARD S. GODFREY, JR., M.D.

*Commissioner of Health, State of New York*

*Case Reporting.*—During 1936, a new card system has been instituted to build up accurate morbidity registers free from duplicates. Communities of less than fifty thousand population not served by full-

\* The complete proceedings will be published by the U. S. Public Health Service, and many of the papers will appear in the Journal of the American Medical Association.

time health officers and State institutions report directly to their respective State district health officer instead of the local health official. Reporting by initials and date of birth is allowed if the physician so elects. A positive laboratory report is not of itself recognized as a diagnosis in any disease. The physician is asked to distinguish between congenital and acquired syphilis, and to state whether the case is early or late. If a patient lapses treatment while still infectious, the physician must report the name and address to assist the health officials in finding and inducing the individual to continue treatment.

*Services to Physicians.*—Efforts to control syphilis are perhaps more closely related to diagnosis and treatment than is true of any other communicable disease; and comparatively few cases have to be sent to an institution. For these and other reasons it is highly important to assist the physicians in every possible way to make diagnoses and treat their patients effectively. Free serologic and other examinations are provided. Over seventy branch laboratories are maintained in the State for these services to physicians, without charge. Drugs for treatment of syphilis also are supplied free to physicians in practice and in clinics through convenient laboratory supply stations. Consultation service upon syphilis diagnosis is available.

*Case Investigation and Follow-up.*—Emphasis is placed on “potentially infectious” cases. Regardless of the presence or absence of visible lesions these are defined for administrative purposes as:

- (1) All patients with acquired syphilis who have received less than twenty injections each of an arsphenamine and a heavy metal, or equivalent treatment, or until five years have elapsed since onset.
- (2) All female patients with acquired syphilis who have received less than twenty injections each of an arsphenamine and a heavy metal, or equivalent treatment, or until the menopause has been reached.
- (3) All patients with early congenital syphilis, or showing open lesions.

Subject to certain limitations, efforts are made to determine the contacts and the sources of infection of all early cases, and to get them under examination. While far from being complete or satisfactory as yet, this service is helpful and productive as a case finding procedure.

#### *Educational Activities:*

- (1) Keeping the medical profession informed as to modern and generally accepted methods for the diagnosis and treatment of syphilis is considered to be a proper and necessary health department function. Informative material is being prepared; including a short reference pamphlet on the continuous treatment method, and criteria for the release of patients when the



disease is arrested or cured. Also each physician will be supplied with a subscription to *Venereal Disease Information* published by the U. S. Public Health Service. In cooperation with the Public Health Committee of the State Medical Society and the County Societies, meetings on syphilis are being arranged for discussion of lectures, motion pictures, and exhibits.

- (2) Lay education is also an important part of the health department's work. Pamphlet distribution, exhibit circulation, popular lectures, supplemented by institutes in strategic centers, are included in these activities. The institutes held under the auspices of county medical societies and lay organizations, Chambers of Commerce, Women's Clubs, and with the special assistance of the State Committee on Tuberculosis and Health, have been particularly valuable educationally and as a means of stimulating understanding and interest in more adequate local appropriations for syphilis control.

*Aid to Cities.*—A system of granting aid has been set up for cities whose health officials can agree to carry on approved syphilis programs. The standards to be maintained include in addition to satisfactory clinic service, adequate record keeping, case investigation, examination of contacts, follow-up of lapsed cases, spinal fluid test before discharge, and active cooperation in supervision and general promotion of the whole program.

## A TYPICAL CITY PROGRAM FOR COMBATING SYPHILIS AND GONORRHEA

WALTER CLARKE, M.D.

*Director of the Bureau of Social Hygiene New York City Health Department*

### *Basic Principles:*

(a) It is possible to prevent infection with syphilis or gonorrhea by avoidance of exposure, which usually results from voluntary action, consequently education which influences conduct has a place in the program.

(b) It is possible by mechanical and chemical means to prevent the transmission of these disease organisms during sexual intercourse and development of infection as a result; therefore such prophylactic measures have a place in the program.

(c) It is possible to break the chain of infection by rendering infectious individuals non-infectious by modern treatment; accordingly this procedure has a place in the program of prevention.

Of these the first two admittedly present certain difficulties of application and evaluation as major practical measures under present civilian conditions; the third offers an immediate and entirely practical addition to the established activities for control of syphilis. Ordinarily the first few doses of arsphenamine render a patient non-infectious and persistent follow-up treatment results in permanent

non-infectiousness. Reinfections after cure are rare. Unfortunately equivalent results can not be counted upon thus far in the routine treatment of gonorrhea.

*Educational Activities* are concerned first with informing the general public regarding the nature, means of spread, necessity for treatment, and measures for prevention and control of these diseases. The reassuring dissemination of such knowledge ensures support of the health officer in his efforts. Special attention should be given to instruction of persons already infected. Special information for physicians, nurses and social workers in all phases of the program for combating syphilis and gonorrhea is highly important. Post-graduate courses for the practicing members of these groups should be arranged. The possibility of extensively applying prophylaxis measures to civilians should be studied, and physicians should be encouraged to instruct individuals and to administer chemical prophylaxis to persons seeking such treatment immediately after exposure under such rigid conditions as have made prophylaxis a successful part of the Army and Navy programs.

*Case Finding Activities* are: (1) those associated with diagnosis; (2) those associated with epidemiology. The health department should make every effort to find cases through its own services and through practical assistance to physicians and the staffs of hospitals and other institutions. Such assistance calls for free, prompt and easily usable routine laboratory services, and provision of accessible diagnostic centers for supplying physicians on request with reports on dark-field, spinal fluid, and other special examinations of patients, and consultation when necessary. The search for syphilis should be extended by encouragement of blood tests of all available groups. For example, every pregnant woman should be examined early in her pregnancy.

In addition to official activities epidemiologic case-finding services of the health department should be offered to the private physicians and to private hospitals and clinics for following up contacts and sources and inducing them to seek treatment.

*Provision of Treatment* presents many problems and affords opportunities, especially for close cooperation between the medical profession and the health department. Private physicians should be urged and aided to care for the maximum number of patients they can treat properly. To this end the health department should furnish free drugs under specified conditions regardless of the economic status of the patient. Free consultation regarding therapy should be available when necessary. Services of public health nurses should be provided to follow-up lapsed cases and induce them to return to the physician for treatment if possible. The health department and clinics should be supplied with lists from the medical societies of physicians willing to receive cases referred to them for treatment. Similar services should be furnished voluntary hospital clinics. Such measures collectively will multiply many times the facilities for treat-

ment and their convenient distribution to every part of the city, in addition to increasing the case-finding and control activities. Such health department and public hospital clinics as have to be maintained to meet the needs should maintain high medical standards; and should be recognized centers for educational, advisory, diagnostic and epidemiological work. Their treatment services should be carefully correlated with the private professional and voluntary hospital services; should provide free evening as well as day sessions.

*Hospitalization of Cases.*—Office and clinic treatment should be supplemented by hospital beds available for all syphilis and gonorrhea cases requiring hospitalization in the interest of patient or the public. As a practical procedure these fall into three groups: (1) those recalcitrant infectious cases which must be quarantined; (2) those infectious cases willing to cooperate but unable to provide necessary facilities elsewhere; (3) non-infectious cases requiring hospital care in the interests of the patient. Among the first group certain prostitutes create difficulties and complicate relations with other departments unless they are viewed simply as infectious persons who are promiscuous and therefore must be hospitalized until they can be rendered permanently non-infectious or other arrangements for protection of the public can be made.

*Reporting of Cases.*—The statistical uses of case reports are of course important; but in addition records should indicate the extent of cooperation of the medical profession, the thoroughness of epidemiological work, and the effectiveness of control procedures. Such records should be confidential and fully protected.

*Necessary Staff* for carrying out an effective city program for combating syphilis and gonorrhea should consist of an experienced and well-trained director, assisted by physicians, nurses, and clerical staff, in addition to technicians, statisticians, social workers, and orderlies. Reasonable compensation should be provided for all, including clinic physicians and nurses.

*Voluntary Agencies* such as social hygiene societies can be of great practical assistance to the health and medical authorities in many aspects of the program, especially in regard to popular education, professional training, and the creation of favorable public opinion.

#### THE KANSAS VENEREAL DISEASE PROGRAM

EARLE G. BROWN, M.D.

*Secretary State Board of Health*

*The Program* being developed for Kansas with the assistance of funds allotted to the State Board of Health by the United States Public Health Service under provisions of the Social Security Act, is based on a study of records and activities resulting from the long history of efforts in this field since 1914. A new full-time director assumed his duties July 1, 1936, and with Surgeon O. C. Wenger recommended the following:

- (a) Free serological service to all physicians by increasing the laboratory staff.
- (b) The addition of medical and social personnel at the three clinics (Kansas City, Wichita, Topeka); also additional equipment if needed.
- (c) Free neoarsphenamine and heavy metals to physicians for indigent patients.
- (d) Standard medical record for use in all three clinics.
- (e) Use of the U. S. Public Health Service classification for syphilis in all clinics to assure better material for study.
- (f) An educational program for physicians to be started so that they will report their venereal disease cases.
- (g) When more full-time health units are established throughout the state, the venereal disease program to be included.

*Cooperation with the Medical Profession*, is a valuable factor. Arrangements have been made with the U. S. Public Health Service to supply every practicing physician with a year's subscription to *Venereal Disease Information*. During November a resurvey of venereal disease prevalence was made for comparison with a previous survey of twenty-two counties in 1927; the physicians have made practically a complete return of the questionnaires. The State Medical Society has appointed a committee of nine to cooperate with the State Board of Health in the venereal disease program. One of the first joint activities undertaken is the preparation of a scientific brochure on the treatment of gonorrhea and syphilis as a practical desk reference for physicians. A scientific symposium on the subject will be arranged for each of the councillor districts. A section of the State journal will be devoted to the venereal diseases. Another joint activity will be the sponsoring of a scientific information bureau, and wide lay educational activities through the county medical societies. Economic plans for treatment of indigent syphilitics are being studied.

#### CLINICAL PROBLEMS IN SYPHILIS CONTROL TODAY

JOHN H. STOKES, M.D.

*Professor of Dermatology and Syphilology, University of Pennsylvania*

*Problem I.* The chief and his clinic requirements are graphically described. Discipline among clinicians, physicians, health officers, technicians, non-medical, public health and social service personnel is indispensable,—but discipline with inspiration, not subordination as its keystone.

*Problem II.* Early syphilis is discussed at some length. The American continuous alternating system, and its effectiveness in keeping the patient in contact and control is described. Emphasis is placed upon the fact that every day of treatment continuity means

less relapse, less resistant serology, less visceral, vascular, and neurosyphilis for the future.

Among drugs the arsphenamines are stressed as the infection-controllers of modern treatment. Because of its paramount importance to public health, the author says, "No plan of treatment which excludes or substitutes inferior spirillicides or non-spirillicidal techniques for the 24 to 96 hour surface sterilization obtainable by arsphenamine or neoarsphenamine has a right to consideration in early syphilis in the present state of knowledge."

Studies have shown that the critical point in the arsphenamine control of infectiousness lies between the fourth and ninth injection. Treatment discontinued between the first and fourth injections leads to 64% relapse while treatment prolonged to from five to nine injections leads to only 14% relapse. For practical purposes the Cooperating Clinical Group's recommendation of at least twenty injections each of arsenical and heavy metal is sound advice. Neoarsphenamine has been established as an adequate drug; but it should be recognized that its adequacy depends to an unknown degree upon prolonged use with it of a heavy metal, particularly bismuth, in a continuous system. This may be called the "30-60-0-3 system"—thirty injections of the arsenical, sixty injections of bismuth subsalicylate, no rest intervals during the arsenical phase, three years minimum of treatment and observation. In terms of courses this is five of the arsenical, ten of the bismuth, in sixty-five weeks.

The importance to public health control of adhering to established procedures and thoroughly tested drugs is pointed out; and a valuable summary is included of current knowledge regarding dosage, clinical study and laboratory aids during the treatment and observation period. Special comment is devoted to the use of spinal fluid examinations and findings, and to the practical details of making such tests. Also the importance to both public and patient of individual decisions, upon just when treatment and observation may finally end, is pointed out.

*Problem III.* Latency is discussed from the point of view that success in discovering and treating early syphilis will prevent this and all other categories of the disease; but that at present the rapid spread of popular knowledge and its application will bring to light a great many cases which need to be evaluated and treated. The physician, clinic, and hospital may be expected to be consulted by these cases who will be among persons who think they may have been exposed or infected at some time. They require adequate complete physical examination and careful attention, gaining their confidence and reassuring them as to its being worthwhile to "carry-on" for their own sakes and for others. The indications for treatment and character of treatment are discussed.

*Problem IV.* This specially valuable section is devoted to the syphilitic woman. The importance to public health in general and to unborn children in particular, of early detection of all syphilitic

infections among women is forcefully brought out. The difficulties frequently encountered in recognizing the relatively more benign and inconspicuous course of the whole infection render the application of epidemiologic and therapeutic procedures less certain. In addition to discussion of syphilis and the woman, attention is devoted to syphilis and health expectancy of the child. The principles of action are summarized as follows:

(1) recognize infection of the mother before the fifth month of pregnancy; (2) treat every woman known to have had syphilis, through each pregnancy, whether Wassermann positive or negative. Take blood pressure and test urine for albumen before each injection; (3) give in excess of four grams of neoarsphenamine, in a total of at least ten injections; (4) give also at least ten bismuth injections; (5) rely chiefly on the arsphenamine,—end with it; (6) have blood tests of the placental cord and of the baby on the tenth day; (7) follow up the child for at least two years, and longer if possible, and have X-ray studies made of the bones shortly after birth regardless of blood findings, unless syphilis infection of the baby can be definitely excluded.

*Problem V.* Of equal value and challenging interest is this section on the syphilitic child. The responsibility of specialists in medicine, as for example the ophthalmologist, looking for syphilis in the examination of children, is stressed together with the importance of insisting upon adequate syphilis treatment adapted to the needs of each case.

*Problem VI.* Neurosyphilis and its treatment are commented upon briefly from diagnosis to death; but there is stressed the prevention of these manifestations of the disease by early discovery of infection and proper treatment, coupled with the knowledge obtainable from routine spinal fluid examinations in both early and latent syphilis. The author points out dramatically that "No rest without a spinal test" would do wonders in safeguarding all syphilitics under treatment against experiencing the tragic consequences of neurosyphilis, and their families and the public against the great costs of their care and treatment.

*Problem VII.* "Reaction Control" is the designation given the last problem discussed. The advice for both physician and patient in this section is highly significant, and its character may be indicated by the following notes:

Take minor reactions and discomforts seriously. They spoil attendance, wreck follow-up and results. Try to circumvent pain, keep tools in shape, insist on skilled personnel, hold down the pace. Instruct the patient about fore and after care, in writing if possible; light meals before treatment, low carbohydrate, low roughage, high fat, high protein diet; after the arsenical a rest and cathartic; after intra-muscular injections, massage, hot applications, exercise. Have patient report without delay gastrointestinal upsets, dark urine, light or black stools, itching, rash, fever, pain. Take every precaution against errors and inaccuracies of treatment; and employ only the

most effective technique in administering treatment. Put every patient through certain routine questions, oral or written before each intravenous treatment. Be equally thorough in safeguarding intramuscular treatments, and the other treatment procedures which may be used.

*Problem VIII.* The relationships of the physician and the patient are summed up under the patient's confidence and cooperation, and the skill of the physician in treating and counseling his patient. "Effective treatment for syphilis may indeed be mechanized to a certain perfection by knowledge. But the uprooting of the disease from its hold upon humanity is done by the eye, the voice, the understanding and sympathetic spirit, without which all our much gathering of knowledge is but the unliving dust."

### MODERN CLINICAL MANAGEMENT OF GONORRHEA

P. S. PELOUZE, M.D.

*Professor of Urology, University of Pennsylvania*

The author points out the importance of viewing the wide prevalence of gonorrhea as a challenge to concentrate upon removing the barriers to control and reduction of this disease, which ranks with syphilis, tuberculosis and the few other great present day infections which kill and incapacitate mankind. We will succeed only "by analyzing the disease and its peculiarities, the human beings who have it, and the medical agencies that care for it." This is "a warfare, the success of which depends mostly upon just what happens in those front line trenches where the infected patient and the doctor meet."

There is no treatment known today that lends itself to mass application, and quickly renders the patient non-infectious. In the male the disease is practically one hundred per cent curable, and in the female it should be almost as much so in respect to eradication of the gonococcus. But no one can predict just how long each case will require treatment to reach the point of cure.

From a public health point of view it is necessary to recognize that gonorrhea is a disease that can be transmitted to others as long as there is a single gonococcus present. It is a disease the cure of which is dependent upon the patient's ability to develop certain curative responses. These responses are not developed in patients who repeatedly consume alcohol or indulge in sexual excitement; and there are other factors which often retard them. Predominantly the reduction of such a disease spread from infected individuals depends upon control by force or persuasion. In this country force is not often applied, so the practical problem of control narrows down to "just what a medical mind can do with the mind of the infected patient." A cross-section of these patients may be classified roughly into three groups, (1) those conscientious individuals who deplore their plight and carry out every instruction to the letter, (2) those who are by nature so shiftless they can not be depended on, (3) those comprising

the large group who can be encouraged and persuaded to follow instructions and protect others if some one takes the trouble to show them what to do. Group 1 presents no difficulties, group 2 should be denied human contacts and be adequately controlled by authority if necessary, group 3 presents the real challenge and opportunity. There are inherent differences in management of gonorrhea cases in clinic practice as compared with private practice; but the physician can do much with group 3 in either setting, if he is given the incentive and the assistance necessary from all concerned. From the standpoint of curing disease and controlling conduct it is vitally important that the general social attitude be brought to understand and encourage thorough medical work and patient cooperation in proper surroundings and with adequate office and hospital equipment.

At no time has there been greater general medical interest in gonorrhea than exists today. Treatment has improved, so that the complications formerly seen so frequently have been largely eliminated. Without attempting to discuss at this time what particular plans of treatment have special merit, it may be said that our chief concern is with building up an interested, satisfied personnel among those who come into direct contact with the infected patients. Unless this be done the percentage of lapsed and indifferent patients "constantly will resow the soil that we so earnestly have tried to clear, and we shall look in vain for an improvement in future incidence figures commensurate with the time, thought, and financial expenditures given the present campaign."

To accomplish this a series of suggestions are discussed:

1. The use of a uniform history blank throughout the country, would foster the study of comparative values of different types of treatment now in use. Also the study of such histories would teach all the personnel using them how the disease responds to the things which are good and those which are not.

2. Insistence upon having persons in charge of treatment centers who are really interested in the disease, is of great importance to securing good work and personnel cooperation.

3. Compensation for the younger physicians in dispensaries should be arranged.

4. A close alliance of chiefs of dispensaries and their assistants with the local, State and federal health services is desirable, to give each one who treats the disease the feeling that he is playing a necessary part in the campaign with the health authorities and medical profession as a whole.

5. An educational campaign among all those who treat the disease should be carried out, to stimulate better work. "There would be built up a degree of sanity regarding the disease and its treatment that would reduce to a minimum the dangers of the exploitation of treatment methods that have little or nothing to offer. Such things retard advancement and often work harm to thousands of patients."



## THE SERODIAGNOSIS OF SYPHILIS

H. H. HAZEN, M.D.

The author comments on the work of a committee of syphilologists, clinical pathologists and public health authorities appointed by the Surgeon General.\* Later work is summarized. The observations presented have been based on examinations of many thousands of blood samples and samples of spinal fluid. Comparable samples of both blood and spinal fluid were examined by groups of participating serologists. For the purposes of this review it is not practicable to present the findings of these studies; but their value in evaluation of state, municipal and private laboratories is evident.

The recommendation that the United States Public Health Service offer state laboratories continuous aid in evaluation of their tests, should be adopted; and similar aid should be extended by or through the State departments to municipal, hospital and private laboratories. If necessary, laboratories may have to be licensed; and so far as needed, serological work should be free. Under such conditions laboratories ought to be subsidized. Other studies mentioned or reported upon in this paper include—the costs of laboratory service: (1) overhead of the laboratory; (2) the cost of equipment; (3) the salary of technicians; and (4) the cost of supplies for the tests. The future of serology for syphilis is discussed; and diagnosis of syphilis by other means is outlined.

## PUBLIC COOPERATION IN THE CONTROL OF SYPHILIS

PAUL DE KRUIF

“The master problem is the education of the educators. Before we can begin the plague’s eradication, we must eradicate our widely held contempt for mass intelligence.” “To get the deep, enthusiastic co-working of the whole people, it is necessary to tell the people all the truth. Scientific and medical teachers of the people have got to be candid, absolutely, about such defects in their technical weapons as may exist. More important still, they must admit such shortcomings as unquestionably prevail in the rank and file and even among the nabobs of the professions of public health and healing. So that their good intentions to instruct may not boomerang upon the public’s would-be-instructors, the present incompetence of many of the medical profession to detect syphilis must be admitted. And medical venality that so often cuts treatment short of the point needed to make the plague non-infectious, has got to be acknowledged.”

“And, before the fight to the death against the corkscrew germ is joined this question will have to be answered: Even if the mass, fully and honestly informed, are ready to enlist, will those who rule us really give us adequate means to see this fight through to a finish?”

\* Progress reports have appeared—*The Evaluation of Serodiagnostic Tests for Syphilis in the United States*, Jour. A.M.A. Dec. 8, 1934; June 8, 1935; *Venereal Disease Information*, June 1935 (Reprint No. 52, U.S.P.H.S.)

If they will not, then all this informing of the public is mere academic pishposh. That is the final, and dominating question." Understanding that "it is a scandalous waste of money to be sick with syphilis, and still more wasteful to die of it?"—"Will all of us then, be able to put our rulers on the spot, with this slogan: It costs us money to die?"

The experience of Detroit in attacking tuberculosis on a similar basis of arousing public interest, securing adequate funds and citizen cooperation is outlined, as evidence of what may be done with the syphilis problem. Surgeon General Parran's popular statement\* in the Survey Graphic is discussed as the basis for building up effective community and state programs to conquer syphilis.

### CITIZEN SUPPORT IN SYPHILIS CONTROL

HOMER FOLKS

This important essential of practical programs for control of syphilis and gonorrhea was presented with stimulating and useful illustrations of the steps to be taken to secure full citizen support. Unfortunately circumstances prevented Mr. Folks from reducing his statement to writing; it will be available for publication and distribution at a later date.

### RESEARCH NEEDS IN THE CONTROL OF SYPHILIS

ALAN M. CHESNEY, M.D.

This scholarly paper when published should be read by lay as well as professional workers. From it will be gained not only a knowledge of the gaps in our present-day knowledge of syphilis, and the directions in which future investigations seem to offer most promise; but the reading will give an inspiring and reassuring picture of the road already traveled by the scientists in accumulating the information on which our current concepts and practices are based. The listing of the sub-headings discussed illustrate the extent and diversity of research still needed on this subject: etiology, pathogenesis and pathology, clinical course of the disease, laboratory diagnosis, defensive reaction of the syphilitic individual, transmission, prophylaxis, methods of treatment, administrative aspects.

In conclusion the author says—"A solution to any one of these problems may be of immense benefit in the control of syphilis—so we may say with justice that what is needed is a sustained study of all unsolved problems of that disease." The real answer to the whole question is quite simple. There are only two needs, as is always the case in matters of research. The first of these is to find men and women with imagination and ideas, and then interest them in the problem; the second is to secure for these individuals the means which will permit them to work out their ideas unhampered.

\* *Why Not Stamp Out Syphilis?*, Surgeon General Thomas Parran, Survey Graphic, July, 1936.

## THE SECTION REPORTS IN SUMMARY

WILLIAM F. SNOW, M.D.

The comments, extracts and resolutions included in this summary have been selected from the section reports of the recent Conference on Venereal Disease Control Work, to give readers of the Journal a general picture of what is involved in the planning of practical programs for stamping out syphilis and attacking the problem of gonorrhea control. The health authorities and the medical profession cannot hope to carry out such programs effectively, unless the general public clearly understands and fully supports them with adequate appropriations and the active cooperation of individual citizens. Everyone especially interested or in a position to assist in building up this public support is urged to read the complete report of the Conference when published.\*

### *Section I. THE PUBLIC HEALTH CONTROL OF SYPHILIS*

GEORGE H. RAMSEY, M.D., *Chairman*

PAUL S. CARLEY, M.D., *Secretary*

*Notification Procedures.*—Syphilis reporting is incomplete and unsatisfactory in all sections of the country. There is urgent necessity for securing closer cooperation of the physician in reporting and in other aspects of syphilis control. Failures to secure such cooperation in notification may be attributed to the fact that often nothing is done with morbidity reports collected, and to the fear that records may not be handled confidentially. The section is of the opinion that an actual report should be required for each case of syphilis, and that laboratory reports should not be accepted as case reports.

The report should be simple—requiring age, sex, color, marital status, diagnosis and stage of disease, address, and information as to date of onset, and previous treatment. It is highly desirable to develop a standard report form suitable for nation-wide use. To this end optional reporting by name, initials and date of birth, or by some other method whereby one case can be distinguished from another, may be considered; but the name and exact address of patients

\* The United States Public Health Service will publish these reports and resolutions fully, and copies may be secured from the Service, or the United States Printing Office, or from the American Social Hygiene Association.

lapsing from treatment while infectious should be required in all cases.\* There is no limitation as to the stage of disease or duration of infection with which public health officials are concerned.

*Determination and Trend of Syphilis Prevalence.*—Further and more precise information is greatly needed. Especially now at the beginning of nation-wide efforts to control syphilis, it is important to secure such data for later comparison as progress is made. Furthermore reliable estimates of the trend of syphilis prevalence will be required to demonstrate that public funds are being well spent. Supplemental questionnaire surveys by state health departments and serological surveys of population groups should be encouraged. Two comparatively stable groups for this purpose are pregnant women, and university students. The study of syphilis prevalence by serological tests of inmates of penal and other institutions and of industrial groups would be valuable; also the general adoption of serological tests in life insurance examinations.

*Essential Features of State Syphilis Control Programs.*—These may be summed up as follows:

(1) Establishment of a unit for venereal disease control with a full time director and appropriate staff in the State Department of Health; either as a new division or bureau, or as a part of an existing division or bureau.

(2) Provision for free laboratory service on a state-wide basis.

(3) Free distribution of drugs for the treatment of syphilis irrespective of the financial condition of the patient.

(4) Provision of adequate treatment facilities by the establishment of clinics and other suitable means.

(5) Building of a reasonably complete and accurate morbidity reporting system.

(6) Provision for finding and returning to treatment patients who fail to continue treatment while capable of transmitting the disease.

(7) Dissemination of information to the medical profession, and education of the public in syphilis control.

*Additional Developments Under Social Security Funds.*—These funds may be used for new syphilis control programs, or for further developments after minimum requirements have been fulfilled. "The

\* The full wording adopted after discussion and revision on the floor of the Conference is: "It is the opinion of this Conference that in states and cities where such a procedure is practicable, venereal disease reporting should be by name only, but in other areas cases should be reported either by name, initials and date of birth, or by some other method whereby one case can be distinguished from another. It is agreed that infectious venereal disease patients who lapse treatment should be reported by name and address." This substitute opinion was adopted after full discussion of the Section's opinion "that venereal disease cases should be reported by name and address only."

subsidizing of syphilis control programs in cities is recommended provided cities and clinics so subsidized meet standards of approval set forth by the State Health Department." Consultation service should be provided by the appointment of physicians, experienced in the treatment of syphilis, on a full time or part time basis. Adequate facilities for determining sources of infection, finding contacts, and for epidemiological studies are of importance; as also is the training of personnel including both physicians and nurses.

*Epidemiological Methods of Control.*—Each early case of syphilis should be investigated; including a careful attempt to identify and locate the source of infection as well as all contacts from the beginning of infection of the case. All such individuals should be examined and placed under appropriate supervision and treatment as required. Physicians in private practice should be urged to attempt the determination of sources of infection of their early cases, and encourage the bringing in of contacts for examination. Physicians should, however, be aided by supplemental official assistance and action so far as necessary. Analysis of results of all such epidemiological studies is greatly needed.

*Venereal Disease Prophylaxis.*—The following resolution was presented: "Resolved that the members of the Section go on record as believing that the encouragement of prophylaxis should be an integral part of venereal disease control." After discussion by the Conference this recommendation was adopted, with the general understanding that it implied scientifically sound and administratively practical procedures, equivalent in these respects to Army and Navy prophylaxis programs; but adapted to civilian life and conditions.

*Citizen Support in Syphilis Control.*—Popular institutes on syphilis control sponsored by local medical societies, official and voluntary health agencies and lay organizations have proved particularly valuable. The appointment of permanent local committees composed of representative physicians and laymen is suggested; the functions of such committees being to maintain continuous lay interest and to assist in securing adequate appropriations. The same methods in general found useful in promoting popular understanding and control of tuberculosis may be applied to syphilis.

*Financing Syphilis Control.*—"It is the opinion of this group that the percentage of Federal money invested in the prevention of disease should not be less than the percentage invested in the care of dependents." In this connection the Section recommended and the Conference adopted the memorandum (See text in the *Editorial* in this number of the JOURNAL) presented by Dr. Arthur T. McCormack, representing the Conference of State and Territorial Health Officers. This statement clearly outlined the need and proposed the sum of \$25,000,000 as an annual Federal expenditure for the control of syphilis.

*Section II. TREATMENT AS A FACTOR IN THE CONTROL OF SYPHILIS*J. EARLE MOORE, M.D., *Chairman*WILLIAM F. SNOW, M.D., *Secretary*

"It is theoretically demonstrable that the spread of syphilitic infection and the development of the late sequelae of syphilis may be prevented by means of the adequate treatment of early syphilis." Among the topics especially discussed and reported upon are the standardization of antisyphilitic drugs, clinic management, standards, policies, and personnel including consultants; treatment in the control of early syphilis; the public health importance of late syphilis and treatment as a factor in its control. Incidental to the consideration of these topics, extended discussion was devoted to questions such as—"Where and by whom are patients with syphilis treated?" and "Are the present treatment facilities adequate?"\*

It is difficult to present in such limits of space and in non-technical terms an adequate summary of this extremely valuable, convincing and practical statement of the basis on which treatment can and must be used as the major factor in syphilis control. This section report in its entirety, considered particularly with the Sections on Cooperation of the Private Physician and the Public Health control of gonorrhea provides the answers for most of the problems which physicians and health authorities face in developing their joint and individual activities and duties in venereal disease control work. The following excerpts and items are selected only for their bearing upon general understanding of the nation-wide efforts which are being launched to control syphilis.

*Standardization of Antisyphilitic Drugs.*—It is desirable that state health departments undertake the free distribution of antisyphilitic drugs to clinics and private practitioners. Before any drug is generally accepted in the treatment of syphilis, it will have to have fulfilled the requirements of long term experimental and clinical study outlined in accepted texts on syphilology. The discussion on this point was not concerned so much with general acceptance of a drug by the medical profession as it was with the choice of drugs for distribution by health departments. "It is recommended that health departments should avoid the use of drugs or methods of administration of drugs, which are still in the experimental stage." Four major considerations were considered: Effectiveness, ease of administration, reactivity, and price. "To summarize, the health department should limit itself to the distribution of the following drugs: the arsphenamines (mapharsen †), a bismuth preparation, and mercurial ointment. Other anti-syphilitic drugs should not be furnished, and requests for special drugs, whether from clinics or practitioner, should not be granted."

\* See *News and Notes* in this issue for comments on these questions.

† The Section recommended inclusion of this drug on the basis of experimental and clinical study to date.

*Clinic Management.*—"From the clinical standpoint the patient material of the syphilis clinic should include all types of syphilitic infection. The treatment of syphilis by the several special departments (*e.g.* urology, dermatology, neurology, ophthalmology *et cetera*) of a polyclinic hospital is to be deplored as making for inefficient treatment and inadequate appreciation of the public health problem involved." "From the economic standpoint, the clinic should accept: (a) Any patient for diagnosis, and emergency treatment if found to be infectious; (b) Any patient referred by a private practitioner, whether for treatment or for consultation as to diagnosis or therapeutic problems; (c) All other patients unable to pay the cost of treatment in private practice.

No conflict between clinic and private practice need arise under these restrictions. The major emphasis of clinic practice should be upon treatment of early infectious syphilitic patients, with the aim of reducing the incidence of the disease. Late syphilis ought not to be neglected for humanitarian and economic reasons, but must not be permitted to crowd out or impair the service of prompt adequate care of the infectious early cases.

The report discusses the set-up of a clinic, preferably as part of a polyclinic, with a competent governing board of lay and professional members. The necessary equipment is described and the importance of prompt service and pleasant relations of staff with patients is stressed. In this connection one of the statements which attracted general attention was—"A smile in the clinic is worth two follow-up workers." The value of the clinic as a teaching and information center is presented. The personnel must include a medical director with wide general training in medicine and special training in the field of syphilis; and there must be an adequate number of nurses, clerical help and trained follow-up workers. In both early and late syphilis cases there is frequent need for consultation service. In a large hospital, such service ordinarily presents no difficulty, but in small communities the service has to be specially arranged by state and municipal health departments in cooperation with the medical profession to cover the fields of neuropsychiatry, cardiology, ophthalmology, pediatrics, and obstetrics. The report also discusses lumbar puncture in relation to the treatment procedure in syphilis.

The management of transferred and transient patients is important. It would be desirable for the U. S. Public Health Service to draw up a standard form for recording essential clinic data and treatments and provide these forms for all state and city health department clinics and all cooperating clinics to furnish such patients. Each patient should, also, receive exact instructions upon reporting promptly to the selected physician or clinic in the next community. Independently a copy of the record and a confidential notification of these arrangements should be sent to the health authority in the location to which the patient is removing.

*The Standardization of Treatment in Early Syphilis.*—This subject is dealt with concisely. The aims are, first, the prevention of transmission of the disease; second, the "cure" of the patient. The report sums up the compelling reasons for adoption of a standard method of treatment by clinics and practitioners throughout the country. The principles of this treatment are outlined. These are not repeated here, as they have been generally stated in the preceding article in this issue of the JOURNAL. For similar reasons, comment on the standardization of treatment in latent syphilis is omitted.

*Standardization of Treatment in the Prevention of Prenatal Syphilis.*—Four essentials are outlined (a) The adoption of a routine serologic test for syphilis; (b) Systematic education of women to report to a physician or prenatal clinic early in each pregnancy; (c) Elimination of delays between diagnosis and beginning of treatment; (d) Better application of methods to recognize syphilis in the baby by Cord Wassermann, X-Ray, pediatric and serologic follow-up, especially through the first few months of life. The report discusses these special problems in some detail, and concludes with this forceful statement: The stamping out of congenital syphilis is an easy accomplishment as compared with the elimination of the acquired infection. "Every syphilitic baby is a failure of maternal education, of the public health authority, and of the medical profession, which should cause us all to blush with shame. Congenital syphilis must go, and must go quickly!"

*Standardization of Treatment in Late Syphilis.*—This is not a practicable procedure. Each patient is a law unto himself. In health department clinic practice, the use of special therapeutic procedures, such as fever therapy, malaria, trypanamide, subdural treatment, etc., should be omitted unless a competent consultation service is available. As has been said, however, treatment is important for all these cases—treatment properly adapted to each of them.\*

### *Section III. MEDICAL FOLLOW-UP OF THE VENEREAL DISEASE PATIENT*

LENA R. WATERS, *Chairman*

PEARL McIVER, *Secretary*

The objectives of a program for the control of venereal diseases are the early diagnosis and the immediate, continued, and complete treatment of every infected person; the prevention of the spread of disease by the tracing of contacts and sources of infection, the prevention of prenatal transmission of syphilis; and the scientific treatment of latent cases. The report discusses the medical work problems involved in pursuing each of these objectives. In summary this section concluded:

\* See *News and Notes* in this issue for figures regarding the importance of late syphilis to the public health (pp. 52-54).



1. Syphilis and gonorrhea are family health and social problems and in any "follow-up" program they should be considered in relation to the whole family situation.

2. The community public health nurse who is familiar with all of the family health problems is one of the most effective assistants in locating new cases and in securing the examination of contacts.

3. The importance of the first interview with the new patient whether in the clinic or in the physician's office cannot be overemphasized. Successful first interviews prevent lapses in treatment and thereby decrease the necessity for costly follow-up visits. All clinic procedures should result in satisfaction to the patient if his continued cooperation is to be expected.

4. The follow-up worker whether she be a medical social worker or a public health nurse should preferably be one who is familiar with the whole family situation and who functions as a generalized health or medical social worker. Therefore, in providing a follow-up program in the control of syphilis and gonorrhea the employment of additional generalized workers is preferred to the employment of special workers for this purpose. Specialists in this control program are most valuable when used as consultants to the regular family health or social worker.

5. Inasmuch as many of the general public health nurses and medical social workers are inadequately informed with regard to the most effective present day methods in the control of syphilis and gonorrhea, it is recommended that arrangements be made to provide university courses in this specialty for public health nurses and medical social workers.

6. The control of syphilis and gonorrhea is recognized as a major public health responsibility. Therefore, a program of continuous staff education in this specialty should be provided by local and State health agencies for all public health and social workers.

#### *Section IV. COOPERATION OF THE PRIVATE PHYSICIAN IN THE CONTROL OF THE VENEREAL DISEASES*

UDO J. WILE, M.D., *Chairman*

W. W. BAUER, M.D., *Secretary*

This section was concerned basically with the ways and means by which the practicing medical profession can unite its efforts most effectively with those of the public health authorities in bringing to bear upon the problem of venereal diseases the entire professional resources of the nation. The section discussions centered chiefly about four subjects: (1) the teaching of venereal disease control in the medical schools; (2) the post-graduate training of physicians; (3) the services provided physicians by the health departments; (4) the physician and the control of prenatal syphilis.

The relation of the private physician in the control of the venereal diseases to the entire program outlined by the United States Public Health Service, is deserving of a special emphasis at this time to avoid any possible misunderstanding as to the general purposes of the program.

It is the understanding of this section that the United States Public Health Service through the various State public health departments is desirous of casting the light of publicity on the whole problem of syphilis to the end that the disease shall be more adequately diagnosed and treated at the hands of private practitioners as well as in public hospitals and clinics, along lines approaching standard procedure where possible and in accordance with accepted methods.

State and local health departments with the support of the Public Health Service should place at the disposal of clinics, especially teaching clinics, hospitals and practitioners, the information and resources at their disposal for the more effective control of syphilis. These resources should include:

1. Free laboratory services.
2. Free drugs for the treatment of venereal diseases, which shall have passed the accepted standards of effectiveness.
3. Simple appropriate forms which shall carry free mailing service.
4. Such funds as may be available for the hospitalization of indigent infectious patients who may require such care.
5. Other assistance, scientific, educational and financial, as may be available and recommended at this meeting.

The whole-hearted cooperation of the private physician in the program of national control of a communicable disease is not only an imperative necessity, but carries with it an obligation of public and private responsibility. In assuming the care of a case of communicable disease, the physician assumes a dual responsibility. He is obligated to the patient in the first place, to carry through with him until such time as he ceases to be a public health problem. His second responsibility a more public one is, by strict adherence to existing regulations, to carry out such measures as are prescribed by health authorities so that during the patient's infective period he is of little or no risk to those with whom he comes in contact. The problem of venereal disease control, from the standpoint of protection of those in contact with the infected individual, is a more difficult problem in many ways than exists with such communicable diseases as demand isolation and quarantine. In the care and control of venereal diseases during the infective period, the responsibility of the physician rests not only with such remedial measures as are at hand to render the patient, in the shortest possible time, noninfectious, but, because of the peculiar and intimate methods of possible transmission, to impress upon the patient a sense of personal responsibility which is the best safeguard against his exposing others to his infection.

From the standpoint of vital statistics, and for the immediate purposes of the study of venereal disease incidence, it is of paramount importance to recognize that earnest and sincere cooperation on the part of the practicing physician is required to fulfill the obligation of reportability, which is of first importance in the control of any communicable disease. There is no doubt that considerable reluctance, based upon the traditional relationship between physician and patient, still exists which may retard the immediate success of venereal disease reportability. Nevertheless, in the light of public interest and of an awakened public consciousness, this tradition is being modified where public interest so requires. Reportability by name already exists in some states and there can now be no legitimate objection to reporting, at least by initials or number and address, under all circumstances, when such information remains of a confidential nature so far as public health officials are concerned, and can in no way be used to endanger the reputation or character of those concerned.

The obligation of the private physician in his cooperation in venereal disease control, therefore, is, clean-cut. This obligation, however, is by no means one-sided. On the part of the public health officials, an obligation also exists. This should be to make available to physicians, at all times, such resources, information, and assistance as may be possible through appropriation of public funds. At all times the effort should be made to conserve, as far as possible, the time honored relationship of patient and physician. By united effort, therefore, and by cordial cooperation between the public health agencies on the one hand, and the private physician on the other, the objective of control seems well within reach, notwithstanding the ethical and personal considerations which thus far have handicapped a united public approach to the problem.

This report discusses clearly and frankly the necessary training in this field for undergraduate medical students; the need for post-graduate instruction by medical institutions; university extension work for practitioners; and graduate instruction in the venereal diseases for health officers, including epidemiological as well as diagnosis and treatment methods.

The problem of the practicing physician and the control of prenatal syphilis is in no way different in its essentials from the problem as it affects the acquired forms of the disease. Attention is directed, however, to a considerable difference which exists in the cost of prenatal syphilis as compared to the acquired form. In the prenatal problem, at least two individuals are treated for the cost of one. It is worth recording that no happier results can be achieved in any other form of the disease with the same effort. In prenatal infections an even closer approximation of public health and practitioner interest frequently presents itself in the need for hospitalization of the infected individual, where not only is the pregnancy a complication, but where indigency may be present and where the frequent unmarried state of the individual makes the care of the patient a public problem. While the care of the prenatal case can adequately be carried out in an

ambulatory clinic, it is particularly this type of syphilitic patient which can well be hospitalized at public expense, since the complications of pregnancy may be enhanced through the administration of nephro-toxic and hepato-toxic medication.

Of first importance in the control of prenatal syphilis is the insistence on the part of the practicing physician to take blood tests as soon as the patient presents herself for the pregnancy. In the presence of a positive reaction, energetic treatment undertaken and carried throughout the gravid period is indicated. Treatment, however, should not cease with the termination of the pregnancy but should be carried out along accepted lines for the treatment of an early acquired infection. The child, needless to say, should also be kept under careful observation, and frequent check made to determine its freedom from disease. Apart from these factors, the problem of cooperation is the same for prenatal as for acquired syphilis.

Turning now to the services provided physicians by the health department, these have already been generally enumerated. The health department should serve as a repository for venereal disease records which should be used to determine the incidence of venereal disease for epidemiologic studies, and for such other purposes as they may be legitimately employed without in any way becoming sources of information which could operate to the disadvantage or embarrassment of those concerned.

The State public health departments as well as local health units, representing the public health services, should be so organized that there is available at all times (1) free laboratory services, including the examination of blood, spinal fluid, and gonorrheal pus; (2) free drugs when required for the treatment of both gonorrhea and syphilis; (3) funds which can be applied to the hospitalization, at suitable centers for such cases of venereal disease as may require such care in the interest of public health; (4) information concerning the newer methods of treatment of venereal diseases which shall be available upon request of all physicians served by the department; (5) simple forms together with free postage or franking privilege for the reporting of all cases of venereal disease; (6) a consulting staff, either directly attached to the department or in such a close relationship to it on a part-time basis that any physician may call upon the department for technical or diagnostic assistance in the care of his patient.

Health departments so equipped, and with a properly staffed personnel, are in a position to render their share of the cooperative effort necessary to make venereal disease control possible.

In conclusion, it was the sense of the conference that a recommendation be made to the Surgeon General of the Public Health Service asking that cooperation between practicing physicians and public health organizations, national, State and local, be fostered and encouraged as much as possible through the established medical societies. The achievement of such a cooperative spirit between these forces working toward a common objective gives assurance of its success.

*Section V. THE CONTROL OF GONORRHEA*N. A. NELSON, M.D., *Chairman*P. S. PELOUZE, M.D., *Secretary*

The incidence of gonorrhea is at least twice and probably three or four times that of syphilis. What it may lack in ability to cripple and kill, it makes up easily in numbers. It may be acquired repeatedly and thus become a recurring cause of economic loss and poor health. The strictured urethra and the residual pathology in the female pelvis may lead to a lifetime of at least partial disability with its attendant medical and surgical costs. Prostatic abscess, epididymitis and gonococcal rheumatism are neither rare nor to be dismissed as not serious. Gonococcal ophthalmia is something more serious than a nuisance, and evidence is accumulating that treatment of the mother during pregnancy, as well as prophylaxis at birth is necessary to protect *every* baby's eyes from infection.

The sterility which so frequently follows infection with gonorrhea forever denies parenthood to countless men and women who desire to be fathers and mothers. Gonococcal vulvovaginitis in girl children may be more of an annoyance than a cause of serious tissue pathology; but its disturbance of the family and of the child psychologically and socially, its interference with education through exclusion from school, and its cost in months of treatment, makes its prevention a worthy challenge to any health officer.

There is enough of drama and of tragedy to be found in infection with gonorrhea if the world will but see what should be obvious. Dr. Pelouze has exclaimed for all of us, "It would seem that by the sheer weight of the misery it produces throughout the world, gonorrhea would force itself upon public notice." The health officer has no right to contribute to its continued neglect by concluding with a shrug of his shoulders, that nothing can be done about it. Comparison of what can be done now and what should be developed in future is discussed in the report in comparison with syphilis and its problems.

Gonorrhea and syphilis have this in common, that their principal mode of spread is through sexual intercourse. Both may be, and frequently are, acquired at the same time. The control of either depends upon something more than public knowledge of its clinical behavior and its treatment. Its epidemiology must also be generally understood. Infection must be suspected if prophylaxis is to be applied or if its early signs are to be watched for and thus lead to prompt medical attention. It is doubtful whether any greater proportion of infections with syphilis now receive medical attention promptly than of gonorrhea, so that the need for public information in this direction is common to both. Since both have origin in the same human relationships, it would seem logical to reason that people should be taught to suspect infection with both, to watch for the early signs of both and to seek immediate medical care for either. The health officer may

not wish to assume responsibility for the correction of morals, but as an epidemiologist he cannot avoid the fact that both gonorrhea and syphilis are spread largely through sexual intercourse.

The search for sources of infection and contacts leads the epidemiologist along the same paths of case finding for both diseases. As a matter of fact, the epidemiology of gonorrhea should be much simpler than that of syphilis. The incubation period of the one is a few days, while that of the other may be several weeks. In the male, at least, infection with gonorrhea is quickly obvious. The early lesions of syphilis are frequently missed. The infectious lesion of gonorrhea is confined to the genitalia, which is by no means the case with syphilis.

Given a fresh infection, the short incubation period of gonorrhea limits the number of persons to one or two who must be approached and examined as possible sources of infection. The long and very variable incubation period of syphilis often makes the search a most complicated business, if the patient has been sexually promiscuous. The source of a fresh gonococcal infection may be discovered before it has had time to cause many other infections, but the source of a fresh infection with syphilis may remain at large for several weeks until a chancre or secondary lesions have had time to appear in a victim, to call attention to the source.

Observation of those exposed to gonorrhea need be continued only a week or two, whereas exposure to syphilis may necessitate observation at frequent intervals for as long as two or three months. No harm will be done and something may be gained by treatment of the exposed for the abortion of an infection with gonorrhea, a dangerous and not to be risked procedure in case of possible infection with syphilis.

The confinement of the infectious lesion of gonorrhea to the genitalia limits case finding to sexual contacts, whereas an extra-genital primary or secondary lesion may demand the observation of several non-sexual as well as sexual contacts for infection with syphilis.

It is necessary, of course, that gonorrhea be seen at once upon the appearance of the earliest signs of infection if advantage is to be taken of its simpler epidemiology, but it is no less important that syphilis receive the same prompt attention. That is a problem, not of therapy, but of public education.

Syphilis is potentially communicable until it has been treated adequately for at least a year, and for two or three years if treatment is irregular or neglected. It is always potentially communicable in pregnancy. A properly treated gonococcal infection should become non-communicable in a few weeks or two or three months at the most. Constant control of the patient is as important to the prevention of the spread of the one as of the other. Sexual intercourse cannot be permitted in the one any more than in the other except that it may not result in infection with syphilis during the proper use of arsenicals.

Gonorrhea is usually transmitted by the male during the day or two before obvious symptoms appear, or after they have subsided and the patient thinks himself to be cured. That is not so much the result of failure of diagnosis or treatment as of failure to suspect possible infection and of ignorance of the behavior of the disease. Both are problems in public education. Although infection of the female may not be promptly obvious, neither is it in syphilis. Control of gonorrhea in the male, which should be relatively easy, would soon result in its disappearance in the female since the male is the "intermediary host."

From the point of view of the patient, it may seem somewhat inconsistent to insist upon the regular treatment and control of one communicable disease spread by sexual intercourse, and at the same time leave another to the ministrations of the druggist and the quack. Such extremes of emphasis and lack of it will serve only to strengthen the altogether too prevalent popular notion that gonorrhea is something to be ashamed of, perhaps, but not particularly concerned about.

There are none who will deny that better diagnostic and therapeutic procedures are badly needed, but until our research laboratories can produce them there is no reason why those procedures which are available should not be used to greater advantage. The gonococcus can be found, quite uniformly, in properly taken smears in the early days of an infection. The present general failure of this laboratory procedure is due, not so much to the inadequacy of the method as to the habit of patients to neglect their infections until the disease has subsided in accessible areas and has become active in inaccessible ones. Few physicians, moreover, know how or from where to take smears and too many are content to rule out infection, in the face of history and clinical findings, if some distant laboratory fails to find typical organisms in one or two specimens. Gonorrhea will be diagnosed, even with the laboratory aids now available, when the infected are taught to seek medical attention early, when the medical profession learns how to use the laboratory and when more attention is paid to history and clinical evidence and none to "respectability." The same may be said of the diagnosis of syphilis. There is little enough evidence in this country that syphilis is being controlled although diagnostic procedures are considered to be more satisfactory and treatment more immediately effective. There is little enough evidence that in those countries which appear to be controlling syphilis, any serious interest has been taken in the diagnosis, treatment and control of gonorrhea.

The treatment of gonorrhea is not the hodge-podge of this and that which it appears to be. Much of the present confusion is superficial. It is the result of generations of drug house quackery, the willingness of the medical profession to leave the management of gonorrhea to the inexpert, the quack and the druggist, failure to correlate pathology and therapy scientifically, and the general tendency of patients to

seek competent medical attention only when injudicious meddling has led to chronicity and complication.

Thinking physicians are discovering that adherence to a few simple principles of procedure will produce good results. Within limits, what the physician uses is less important than how he uses it, a fact which makes it possible to discard at once most of the useless therapeutic monstrosities. What he persuades the patient to do is the most important of all. Properly managed, gonorrhea is a self-limited disease of short duration. The failures of treatment are less the fault of the non-specific therapeutic armamentarium than of the patient who fails to take early advantage of it and the physician who does not use it wisely. The treatment of syphilis fails for exactly the same reasons. Is it to become the fashion to neglect the control of a communicable disease because there is no specific remedy? It would have been unfortunate for the world if the health officer and the medical profession had waited for a specific for tuberculosis. A little of the same interest and of the same willingness to work hard with the materials at hand which are accomplishing the control of tuberculosis, would lead to the control of gonorrhea, if not to better equipment with which to do it.

Except for the single difference that the arsphenamines render syphilis quickly non-communicable, but keep it so only when their administration is long and regularly continued, the same problems are to be solved and the same effective resources are available for the control of gonorrhea as for the control of syphilis. Their control programs may be developed and administered by the same health department personnel. The system of collection and analysis of morbidity reports does for the one as well as for the other. The epidemiologic principles are the same in both; the same regard must be had for the right of the cooperative patient to privacy; the approach to the lapsed patient, contact and source of infection is beset with the same difficulties, and a personnel trained to handle one can also manage the other. There is the same need for the confidential follow-up of the private physician's cases, for instruction of the medical profession in the proper use of diagnostic procedures and of the therapeutic armamentarium. The campaigns of civilian education can be carried on as one campaign.

The same clinic quarters may be used, if necessary, for the treatment of both. The great majority of the smaller clinics in this country are already staffed with urologists who know how to treat syphilis. Syphilologists are scarce outside of the largest cities. The provision of treatment in rural areas is no more difficult, or its need no more serious a problem in one case than in the other, and the cost of treating gonorrhea is considerably less than that of treating syphilis.

The American Neisserian Medical Society is as available for the evaluation of the management of gonorrhea as the Clinical Cooperative Group has been for the evaluation of the management of syphilis.



It deserves the same support and its findings the same publicity. A number of our better research laboratories are undertaking the study of the gonococcus and the development of better diagnostic procedures and of a more suitable therapy. If they are given the encouragement and assistance which they merit, they may astonish us with what they accomplish.

It is therefore, the sense of the section on gonorrhea that progress in the control of this disease will depend, as it is depending in the control of syphilis, upon the proper evaluation of the laboratory and clinical armamentarium and the widespread dissemination of the results of such an evaluation. It is proposed that:

1. Present laboratory services be studied with a view to determining their efficacy in the diagnosis of gonorrhea, particularly with the objective in mind to develop uniformity in procedure. The relative value of laboratory procedures in relation to history and clinical findings should be determined. It should be decided in the collection of smears from what areas and in what manner they should be collected; what staining methods are susceptible to uniform application and interpretation; what cultural procedures may be carried out successfully by the average laboratory and what serological techniques have the highest degree of specificity, sensitivity and uniformity. It should be determined what constitutes a qualified laboratory technician, and finally, to what extent the physician who attempts to manage gonorrhea should carry out his own laboratory procedures.
  - (a) It is recommended that in this evaluation, recognition be given to the fact that there is available in many correctional and other institutions in this country ample material under control for such studies.
  - (b) Since it is well known that a little treatment or the lapse of time may in very great measure destroy the usefulness of laboratory procedures and that a patient from whom ample laboratory evidence of infection has once been secured may produce nothing in the way of positive specimens at a later examination, at the hands of another diagnostician, it is proposed that there be a free exchange of information between all of the diagnostic agencies which have examined the patient.
  - (c) It is strongly recommended that the several states enact and enforce legislation to prohibit the giving to any person of a certificate of freedom from infection with gonorrhea or any written statement of the result of any laboratory examination pertaining to actual or suspected gonococcal infection, except that the physician may present to the proper authority such a certificate or laboratory report when it is required by law, such as to those authorities which issue marriage licenses.

- (d) It is the sense of the section that undue emphasis is placed in courts of law upon laboratory reports as to the existence or non-existence of a gonococcal infection. It is proposed that steps be taken to inform jurists and the legal profession as to the relative value of laboratory procedures in the diagnosis of gonorrhea and thereby to maintain for the medical profession its right to a clinical opinion in this as in any other disease.
2. It is proposed that proper evaluation be made of clinical procedures as they pertain to diagnosis and treatment. Investigation should be made as to—
  - (a) The value of history and clinical findings in the diagnosis of gonorrhea.
  - (b) The principles involved in the rational treatment of gonorrhea in relation to its pathology and immunology.
  - (c) The comparative usefulness of the existing therapeutic armamentarium, with a view to the elimination of those methods and drugs which prove to be inefficient and the authoritative discarding of those which are obviously useless or actually harmful.
3. It is the sense of the section that since there is no known drug or therapeutic procedure which will promptly control the communicability of gonorrhea, little progress will be made in the prevention of its spread by therapeutic methods unless the control of the patient receives the attention that it merits. This control of the patient is held to include not only the patient in whom the diagnosis has been made, but also those who may have been exposed to infection and who have symptoms which suggest infection with gonorrhea but in whom a diagnosis has not been made.
4. It is the opinion of the section that the treatment of gonorrhea by fever therapy is in an experimental stage and, because of its dangers, its use should be confined, on a research basis, to properly equipped hospitals, staffed by a personnel trained and qualified for its further investigation.
5. Many surveys have shown that the majority of the infected seek and most of those who seek receive treatment at the hands of druggists. It is recommended that, wherever necessary, suitable laws be enacted and everywhere enforced prohibiting the diagnosis of, prescription for, or treatment of gonorrhea by druggists; that pharmaceutical associations be urged to condemn the present practice; and that the public be educated as to the ineffectiveness and dangers of drug store treatment.
6. Because of the multiplicity of therapeutic concoctions of unproven merit being urged upon the practitioner of medicine for

the treatment of gonorrhea by the manufacturing pharmacists, it is recommended that this exploitation be condemned and that physicians be cautioned against the use of any preparation which has not had the approval of some recognized body of physicians expert in the management of gonorrhea. It is further recommended that the Council on Pharmacy and Chemistry of the American Medical Association deny approval to any such therapeutic product unless its worth has been determined by clinical evaluation by disinterested experts and that no medical journal publish reports of, or advertisements for, any product for the treatment of gonorrhea which has not been so approved.

7. It is recommended that the several State medical societies which have already been approached in the matter of the education and cooperation of the medical profession in the control of syphilis be requested to give equal consideration to the education of the physician in the control of gonorrhea, and further, that the American Medical Association insist that the medical schools concern themselves with the proper instruction of their students in regard to gonococcal infections.
8. It is agreed that the epidemiological investigation and the statistical study of gonorrhea are essential to the development of a sound program for its control. It is recommended that:
  - (a) A uniform system be devised and adopted for the collection of morbidity reports of gonorrhea, provided that the information requested of the physician be simple and that the identity of the patient be in no way required. The Conference as a whole revised this recommendation in accordance with the revised statement recorded for syphilis reporting. It is suggested that the essential information consist of the age, sex, marital status and community of residence of the patient and the form and duration of the disease. Suitable forms and business reply envelopes for their collection should be provided by the health department.
  - (b) So far as it is possible, the physician should make his own epidemiological investigations to the end that sources of infection and contacts be brought to examination and treatment. In the event that the physician needs assistance in this procedure, it should be provided at his request, and with his approval, through direct investigation by the health department or through the services of a confidential epidemiologist (preferably a nurse or social worker) who shall make the investigation in the name of the physician and without identifying the patient to the health department.
  - (c) The return of the patient who has prematurely discontinued treatment should be primarily the duty of the physician. If he requests or will accept assistance it should be given by the health department in the manner above set forth for the

follow-up of contacts and sources of infection. It should be assumed by the physician that the patient has prematurely discontinued treatment when, in the continued absence of the patient, no notice of change of physician has been received.

- (d) The frequency with which (1) patients who change physicians, (2) identified sources of infection and (3) contacts, are told, as a result of inadequate investigation, that they are free from infection is a serious obstacle to the control of gonorrhea and should be corrected by the medical profession.
- 9. The prophylaxis of gonorrhea in the male is of such proved value that it seems worth while to recommend that if prophylactics are to be available to the public, only approved materials be offered for sale. It is well known that most of these preparations are unstable and that many are of inferior quality. It is recommended that the U. S. Public Health Service determine what constitutes a reliable prophylactic and that in those States which permit the public sale of prophylactics the recommendations of the Service be given the support of law.
- 10. The need for laboratory and clinical research is obvious. There are a number of highly competent investigators already interested in the study of the gonococcus and gonococcal infections. It is essential that financial support and encouragement be given to the continuation and expansion of such studies. Out of these investigations should come a better understanding of the biology of the gonococcus, better methods for its culture, more exact methods of diagnosis, more exact determination of cure, and a more efficient therapeutic armamentarium. Given the same support and encouragement as has been accorded the development of procedures for the better understanding of syphilis, there is every reason to hope that equal advances may be made in our understanding of gonorrhea.
- 11. In the field of clinical research there is much that can be contributed by every conscientious and competent clinical worker. Important among the problems awaiting solution are the following:
  - (a) The causes and prevention of complications.
  - (b) The comparative values of different forms of treatment.
  - (c) The incidence of gonorrheal seminal vesiculitis based on real clinical evidence rather than an idea.
  - (d) The causes of chronicity.
  - (e) The clinical course of the disease under varying conditions.
  - (f) The prevention of disease extension.
  - (g) The duration of infection in different types of individuals.

- (h) Causes of so-called "virulent" infections.
- (i) The determination of the value of bactericides in intraprostatic infection.
- (j) The reporting of negative as well as positive findings in clinical research, supported by a full outline of methods used.
- (k) Clinical studies of immunity aspects of gonococcal infections.
- (l) Development of methods for patient control and cooperation.
- (m) Study of the precipitating causes, differential diagnosis and prevention of gonococcal arthritis.
- (n) The development of clinical standards to serve as base lines for the study and correlation of reported clinical results.
- (o) A study of final results as between the medical and surgical treatment of acute epididymitis.
- (p) Determination of the time beyond which the institution of treatment begins to lose its value in the prevention of posterior extension.
- (q) Development of a better understanding of nomenclature so that "hand infection," "irrigation," "instillation," "deep urethra," "negative smear" and other terms shall mean the same to all physicians.
- (r) A closer study of the effects of alcohol, sexual excitement, physical exercise and other such factors upon the course of the disease.
- (s) A careful study of the influence of balsamics, diet, etc., in promoting or retarding disease cure.
- (t) The collection of evidence as to whether or not there is any foundation in the traditional notion that gonorrhea may be spread by toilet seats, particularly as it relates to the need of excluding from school those children who have gonococcal infections.

It is proposed in order that the control of gonorrhea may be given proper official emphasis that:

1. The health department of a state, large municipality or health district should include within its administrative organization a division or a subdivision for the control of gonorrhea and syphilis, its program to be directed by a full time health officer, interested and trained in the control of both.
2. The program shall provide equally for the control of gonorrhea and syphilis through:
  - (a) The collection of morbidity data in sufficient detail to permit of suitable analysis, at least as to age, sex, marital status and community of residence of the patient, and stage or form of the disease.

- (b) The provision of every approved and practicable diagnostic laboratory service for physicians, clinics and other medical agencies, the service to be in the hands of a properly qualified personnel and subject to approval and periodic evaluation.
  - (c) The provision of adequate treatment through the maintenance or subsidy of clinics and the subsidy of physicians in areas where clinics cannot be maintained.
  - (d) The provision of competent follow-up personnel for clinics, institutions, and physicians. Such personnel should be directly responsible to the treating agency rather than to the health department, in order that all but the otherwise uncontrollable patient may be spared official identification.
  - (e) The development of a program of public information as to the causes, mode of spread, symptomatology, treatment and procedures for the control of both diseases.
  - (f) The development of the control program generally in accordance with the Recommendations of the U.S.P.H.S. Advisory Committee for Control Programs in State and Local Health Departments, as they have already been published or as they may hereafter be modified to meet different or changing conditions.
3. The United States Public Health Service conditioning the allocation of applicable funds to State and local health departments, under Social Security Appropriation, upon the presentation of satisfactory evidence that the control of gonorrhea will be undertaken with the same serious enthusiasm as the control of syphilis.
  4. The United States Public Health Service out of Social Security Appropriation, providing for the repeated evaluation of the management of gonorrhea and the periodic publication of the findings.
  5. The United States Public Health Service, directly or through its influence, providing funds for the continuation and extension, through the establishment of fellowships and otherwise, of suitable research into the bacteriology, serology, pathology and therapy of gonorrhea, for the competitive evaluation of sero-diagnostic procedures and for the periodic publication and wide dissemination of standards of procedure as they may be developed.
  6. The requirement that for every clinical fellowship established by the United States Public Health Service in syphilis, one be established likewise in gonorrhea.
  7. The specification that the program for the control of gonorrhea be developed and promoted as one with that for the control of syphilis everywhere throughout the United States.

*Section VI. ROUND TABLE ON PREVALENCE, TREND, AND ECONOMIC ASPECTS OF THE VENEREAL DISEASES*

LIDA J. USILTON, *Chairman*

The report and supplemental data to be assembled for study by this round-table group, will be of great interest and value when published; but this material is not available for summary at this time. The consensus of opinion of the round table members was that each of these major problems—prevalence, trend and costs—of control of syphilis may be studied profitably and practically, in spite of the present incompleteness and incomparability of much of the existing data.

Plans were discussed for organizing the systematic nation-wide collection of current information having regard for simplicity, uniformity and comparability of reports for all states and population groups.

Similar questions, and the distinctive problems involved in collecting and analyzing adequate and comparable data upon gonococcal infections, were discussed at length.

In addition to the round-table report interesting and challenging informal tabulations and illustrative figures selected and combined from past studies along these several lines were prepared for the conference. These served to emphasize the importance of the subject, and the urgent need for securing adequate data and accurate estimates of the character discussed by the round-table participants.

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**The Right and Left Wing Groups in Social Hygiene**

From the health conservationists' point of view the public health and medical activities for the control of syphilis and gonorrhea constitute the main body of the social hygiene program. There is, however, a right wing group who are concerned chiefly in the future results of the long range programs of sex education, preparation for marriage and parenthood, and adjustments to the demands of marital and family life.<sup>1</sup> And there is a left wing group, whose efforts are concentrated upon the carrying out of effective measures for protecting community life and environment from objectionable and anti-social influences which disrupt normal and desirable social relations and conduct.<sup>2</sup> Efforts to control the exploitation and ruin of men and women in promoting commercialized prostitution illustrate activities in this field. These two groups and their programs are distinct from but of value to the group devoting the energies of its members to the medical and public health control of the venereal diseases.

<sup>1</sup> See JOURNAL OF SOCIAL HYGIENE, January, 1936, *Report of the Conference on Education for Marriage and Family Social Relations.*

<sup>2</sup> See JOURNAL for December, 1936, *A Special Number on Commercialized Prostitution as a Community Problem.*

## EDITORIALS

### SYPHILIS AND THE START TO STAMP IT OUT

As with other dangerous enemies in the world of disease, as well as in the world of human relations, many previous starts have been made; some auspicious, some less promising. Whether this one succeeds in establishing permanent procedures in combating syphilis and gonorrhea on a nation-wide scale will depend upon how persistently and practically we as a whole people work at the job of fitting into our community life and institutions, the program adopted by the thousand delegates and representatives attending the recent Conference on Venereal Disease Control Work.\*

It is significant that the President of the United States prepared for the opening session of this conference a special letter of greeting and assurance of the concern of the Federal Government for progress in this field (*see text of letter p. 2*). It also speaks for earnest continued interest of the Federal Government that Miss Josephine Roche, Assistant Secretary of the Treasury—at the moment Acting Secretary—personally presented the President's greetings and welcomed the delegates when introducing the Chairman, Surgeon General Thomas Parran of the United States Public Health Service. (*See Miss Roche's statement p. 3.*) In her remarks Miss Roche paid tribute to those whose work had made possible this distinguished gathering of scientists, physicians, health officials, and other professional and lay group representatives to review and evaluate past practices and plan future progress. To this she added a further word of tribute to Dr. Parran, and of special satisfaction and assurance because it is under his leadership and constructive statesmanship that the next steps in stamping out syphilis and battling against gonorrhea will be taken. These sentiments were shared unanimously, and approval of the final reports obviously voiced a sincere determination from all parts of the country to unite the

\* Conference on Venereal Disease Control Work, Washington, D. C., December 28-30, 1936; called by the Surgeon General, United States Public Health Service.



“doctor—the people—the health officer” in nation-wide application of the program.

During a meeting of the State and Territorial Health Officers held concurrently the President, Arthur T. McCormack, was requested to present to the Section on Public Health Control a special memorandum, which after discussion was incorporated in the Section's report and duly adopted by the Conference. This memorandum is so well written and summarizes so clearly the administrative problems and national needs in giving effect to the findings of the Conference that it seems appropriate to quote it here in full:

“With the passage of the Social Security Act during the last Congress, the first action was taken in a nation-wide public health program. All that had been done before that time was in the form of investigation and demonstration, essential to the development of such a plan, and these preliminary steps and the excellent work done in many of the States had prepared public health administrators so that under the leadership provided by the United States Public Health Service, the development of the programs of real service was begun in all of the States immediately. As soon as local services were made available so that actual studies could be made of conditions affecting the health of the people in their homes, the tragic inadequacies of all previous provisions for public health service were revealed. As an example, the question of syphilis control was immediately brought into the open from behind the prudery under which it had masqueraded as a killer through the centuries. It was found that large numbers of new cases of this deadly infection developed each year; that more than half of those that were treated were being treated so as to make the end results of the disease no better than if they had had no treatment. Careful studies show that this deadly disease affects all classes, all races, both sexes, that it is rarely recognized in time to give adequate treatment, that adequate facilities for diagnosis and treatment are rarely available to the afflicted individual, and that public health facilities for control are totally inadequate.

This nation has definitely embarked upon a program of social security. It has determined that the hitherto underprivileged and neglected shall be able to secure the comforts and necessities of life. We have provided pensions for the blind, assistance for dependent children, care for the crippled, and in a hundred other ways are paying untold thousands of dollars for our previous and continuing neglect in the prevention of such diseases as syphilis. The staggering price we have paid for our failure to control syphilis and similar preventable diseases is only of value in the consideration of the development of effective plans for public health prevention and control of such disasters. In different communities, it has been clearly demonstrated that syphilis, like tuberculosis, diphtheria, typhoid fever yellow fever and smallpox, is a distinctly and definitely preventable disease.

In order to accomplish this high purpose, it is necessary to improve Federal, state and local administrative and service machinery to the end that prevention, early diagnosis, and continuous treatment shall be available for every citizen in America needing service. During the past year, the details of such a program have been constantly studied by public health administrators. If the Federal Government assumes as much responsibility for the control of syphilis as it has done for the care of the end results of this and other preventable diseases, it is apparent that the cost to the Federal Government of an adequate disease control program will be twenty-five million dollars annually. It is earnestly recommended to the Administration therefore that authorization for this amount be given in appropriate amendments to the Social Security Act. With the assurance that the necessary local, state and Federal money is available for the purchase of freedom from this terrible cause of illness and death, it would be possible for the Federal, state and local governments to rapidly mobilize and train, and then maintain effectively a public health force which, in cooperation with the medical, dental, nursing and pharmaceutical professions, will be able to conquer this plague.

The Surgeon General of the United States Public Health Service is urgently requested by this Conference to present this program and the necessity for this authorization to the President and the Congress as an immediate emergency."

#### GONORRHEA THE NEXT TO GO

It is a far cry from base-ball to beginning another battle against an ancient disease enemy; however, analogies are sometimes useful. Base-ball fans are always concerned not alone with the man at the bat, but with the man on deck and speculations as to whether their team can hope to strike him out also. It is always a matter of interest in teamwork for both the players and the people. Battles and victories against disease, including the venereal diseases are like that, —or should be. The public is not wildly excited by protection against one disease only to die a few years later from another. They will not cheer unreservedly now over news that the nation is to be freed from the tragedies and deaths caused by syphilis, unless at the same time they learn that the game can be played so that "the man on deck"—gonorrhea—may also be "fanned" or at least prevented from getting beyond first base.

The Conference in Washington rightly concentrated upon syphilis; but the public should know that gonorrhea is the

next to go. The excellent report of the *Section on the Control of Gonorrhea*, outlined in this issue of the JOURNAL, is commended for careful consideration while studying syphilis as the problem of immediate concern.

#### NATIONAL SOCIAL HYGIENE DAY

The long series of forward steps in: (1) discovering the spirochaete causing syphilis and the gonococcus causing gonorrhea; (2) devising accurate laboratory tests and clinical procedures for diagnosis; (3) developing adequate methods of treatment; and, (4) perfecting public health measures for control of these diseases, has made scientifically possible not only the early reduction and eventual eradication of syphilis, but has also pointed the way toward further research and demonstrations, which may be expected to assure similar possible results in applying our knowledge to the control and eradication of gonorrhea.

When the United States Public Health Service in consultation with the State Health Authorities, the American Medical Association and affiliated State Societies, and the national voluntary agencies, decided to make syphilis control a major activity, the staffs of the health departments and the medical profession generally knew that a step of great potential importance to health and welfare in this country was being taken.

The Social Security Act had provided new opportunities and some money for cooperative effort between the federal government and the States. The public reception of Surgeon General Thomas Parran's popular statement \* of the problem and announcement of the conditions under which Congressional appropriations could be used for venereal disease control work, proved that the time was favorable for undertaking the task on a nation-wide basis.

The next step was the calling of a conference on Venereal Disease Control Work, December 28-30th, 1936, in Washington under Surgeon General Parran and Assistant Surgeon General Vonderlehr, attended by nearly a thousand delegates and representatives from every state and territory, and all the medical and other professional and lay bodies concerned.

\* Survey Graphic and Reader's Digest, July, 1936.

This notable conference reviewed the factual basis and administrative requirements for a practical program of diagnosis, treatment, and public health control of syphilis. Plans for putting this program into effect were adopted. Recommendations for further study and development of an equally satisfactory program for control of gonorrhea were also approved.

It was recognized that the fullest cooperation of the public must be secured on a basis of understanding the facts and dealing with these diseases in the same manner that other communicable diseases are dealt with. It was decided to make the annual meeting of the American Social Hygiene Association, February 3rd, 1937, the occasion for a national series of meetings devoted to: (1) explaining the approved program; (2) making plans for securing their practical adaptation to local needs and conditions in every part of the United States; (3) establishing community groups or committees to follow up these meetings with year-round programs of citizen support of the medical profession and health authorities in obtaining full cooperation of the public and of patients afflicted with syphilis or gonorrhea. In addition it was hoped that the broader educational and protective aspects of social hygiene would gain increased local attention, rather than loss of community interest.

Thus far something over three hundred social hygiene day programs have been announced from every part of the country; some of them including whole states in their plans, others including social hygiene institutes covering periods of several days or a week. It is anticipated that the March JOURNAL will be able to report upon this next step in arousing and equipping the people for participating in the campaign so auspiciously launched under the national leadership of Surgeon General Parran. The state and local health officers may be depended upon to do their part, if the public provides the necessary appropriations and authorization of additional personnel. Similarly the medical profession has undertaken to do its part in training physicians to understand and carry on the essential work of diagnosis and treatment which they must do in correlation with the other professional groups assisting them. The public has been given its sector of the

battle front; the people must not be permitted to fail for lack of practical assistance and information from voluntary agencies in this field.

The Surgeon General has prepared a special address for the annual meeting of this Association which together with President Wilbur's address, is being electrically transcribed for simultaneous delivery at all the meetings and by radio on February 3rd. In this address Dr. Parran says:

"The United States Public Health Service is eager to do its part in utilizing this new national interest. We solicit the cooperation and help of every type of national, state and community organization in this undertaking. This is not a task of your health department alone, nor yet of the physicians of your community. It is a task for the *whole people*.

"The American Social Hygiene Association, in cooperation with whose nation-wide program you are meeting today, is the one national voluntary agency primarily concerned with this problem. It is an organization through which citizens everywhere have an opportunity to do their part in this task. It has been and continues to be a valuable ally of the health and medical professions in their battles against syphilis and gonococcal infections. As a member of the Board of Directors of the Association, I have long been in a position to observe how important to official activities is the work of this national voluntary agency and its affiliated groups in the states and communities. Working as it does, primarily through other national bodies with state and local branches and standing committees on social hygiene, the Association's work is particularly needed just now to arouse community interest, to explain the measures approved at the recent conference, and to secure their practical adaptation to local needs and conditions. There are also broader educational and protective aspects of social hygiene which must not be allowed to lapse or slow down by our current emphasis upon the medical and public health phases of the movement.

"By this union of public and private effort, we can minimize these causes of ill-health and social disintegration."

As was said in concluding a recent article \* in this JOURNAL on Syphilis and Social Security—"Doctor Parran's challenge is squarely before us—professional groups and laymen alike—*Shall we stamp out syphilis?* If our answer is yes, we must unite and go to work."

\* *Syphilis and Social Security*, by William F. Snow, JOURNAL OF SOCIAL HYGIENE, November, 1936.

## NEWS AND NOTES

**Per Capita Cost of a Successful Campaign Against Syphilis and Gonorrhea.**—Dr. Walter Clarke stated at the recent Conference on Venereal Disease Control Work in Washington, that a successful program, including necessary hospitalization of certain syphilis and gonorrhea cases, would probably call for a 25¢ per capita per annum in most parts of the country.

**The Public Health Importance of Late Syphilis and Treatment as a Factor in Its Control.**—Late syphilis is important as a public health problem because of the high incidence of chronic invalidism, partial incapacity, and total permanent disability which it causes; and of its high frequency as a cause of death. It is estimated that approximately 20-25 per cent of patients known to be infected with syphilis, untreated or inadequately treated especially during the early stages, will develop incapacitating or fatal late sequelae; and that there are in the United States approximately 115,000 patients each year developing cardiovascular or neurosyphilis. The cost of hospitalization and of direct relief paid to disabled syphilitics, chiefly the insane parietic and the irremediable cardiac, is very high, and may be conservatively estimated in the country as a whole at somewhere between \$35,000,000 and \$50,000,000 per year. This sum is the cost of neglect of the early syphilitic.

It is a demonstrated truism that breakdown and death from late syphilis may be substantially prevented by the adequate treatment of early syphilis. It is estimated that adequate treatment for early syphilis may be furnished at minimum clinic standards at a cost of \$25.00 per patient and on the basis of the highest standard of clinic practice for \$50.00 per patient. The total cost of treating the known 518,000 annual fresh infections so well that breakdown from late syphilis and the expense it causes could be decreased to insignificant proportions, would therefore be between 12 and 25 million dollars per year. If there are, as is confidently believed, not 518,000 but more nearly 1,000,000 patients with fresh infections who should be treated each year, the annual cost would be between 25 and 50 million dollars.

If the only thing accomplished by the expenditure of these sums (which, large as they seem, are still trifling as compared to the amount spent on tuberculosis) were gradually to eliminate the cost of late syphilis and thus substitute one expenditure for another, the taxpayer and the philanthropic donor might well protest. But 25 million dollars a year wisely spent from one pocket for early syphilis will do more than to save the larger drain from another pocket for late syphilis. It will become a self-reducing expenditure by cutting down the incidence of early syphilis itself. If Scandinavia can within one generation reduce syphilis to a problem of almost complete unimportance so can the United States do the same,

Money for the treatment of early syphilis is the weapon which will destroy the human suffering, the chronic invalidism, the premature deaths, the community cost of late syphilis. Given money in sufficient amounts, wisely expended under the guidance of such a leader as the Surgeon General of the United States Public Health Service, we shall no longer have to ask ourselves the question *Why Don't We Stamp Out Syphilis?* (Extract from Report of Section II, Conference on Venereal Disease Control Work, U.S.P.H.S., 1936.)

**The Adequacy of Present Clinic Treatment Facilities.**—Conditions in this respect vary in different parts of the country. The demand on clinics is in part dependent on the economic situation, and in many sections this demand is decreasing instead of increasing concomitant with recovery from the depression. As an inevitable corollary to this, the demand on private practitioners for treatment *should* be increasing. Nevertheless, in practically all communities in the country, treatment facilities, however adequate they may be to meet the existing case load, are inadequate to meet the potential case load, provided proper methods of case finding are widely developed. There is insufficient information as to available clinic facilities in the country as a whole and steps should be taken by the United States Public Health Service to complete a census of clinics, including not only those operated by State or municipal departments of health, but also those operated under private charitable auspices. The minimum information should include the total annual new admissions, divided by race, sex, and the type of syphilitic infection; the total number of patient visits per year; and the number of medical and lay personnel associated with the clinic.

It has been estimated that with proper case-finding methods, the number of patients with early syphilis applying for treatment each year might be temporarily doubled and, with late syphilis, trebled. It has been further estimated, on the basis of the surveys of the United States Public Health Service, that treatment facilities in the country as a whole in clinic practice are for the available case load only about 25 per cent efficient, and for the potential case load, about 10 per cent efficient. Whether or not these estimates are accurate, is beside the point, which is that existing clinic treatment facilities *are* not adequate and should be more efficiently organized and where necessary augmented. In some localities reorganization will permit an increase in patient attendance in clinics already in existence; in other localities, the establishment of new clinics is essential.

As subsequently appears, clinic facilities appear to be more adequate as to the volume of work to be accomplished than as to its quality. In both of these respects clinic adequacy is almost wholly a matter of adequate funds. Where funds are not available to provide enough clinics or good clinics, efforts should be made by health officers to obtain these funds from the proper legislative sources. (Extract from Report on Section II, Conference on Venereal Disease Control Work, U.S.P.H.S., 1936.)

**Where and By Whom Is Syphilis Treated?**—Surveys of the United States Public Health Service \* have shown that in a population of approximately 29,000,000, which on the basis of geographical distribution may be regarded as representative of the nation as a whole, 55 per cent of the physicians engaged in private practice do not treat syphilis at all. Slightly more than 50 per cent of all the patients with known syphilitic infection are treated in clinics. The remainder of the report of this Section will therefore be devoted first to a consideration of modern clinic practice, and second, to the development of methods in clinics applicable to the treatment of syphilis in private practice. Clinic treatment is in general better in quality than that given in private practice. Every effort should be made to elevate the level of excellence of both, and the clinic may serve as a demonstration and instruction center for the private physician. The relationship of the whole group of practicing physicians to the syphilis control program is separately considered in another section of this meeting. (Extract from Report on Section II, Conference on Venereal Disease Control Work, U.S.P.H.S., 1936.)

\* Usilton, L. J., the *Treatment of Syphilis and Gonorrhea in the United States*, Based on Treated Cases. Ven. Dis. Inf. 16:147, 1935.

### S.O.S.

The letters "S.O.S." have come to mean for most people a call for help under urgent circumstances. With the American Expeditionary Forces of the Army in France, these letters meant the "Service of Supplies." The American Social Hygiene Association has built up its national office and field staff to function as the voluntary "service of supplies" in this field for all the state and local social hygiene societies, standing committees of other agencies, informal groups and individuals who desire assistance.

Some of the available graphic materials, posters and placards, films, slides, et cetera, of particular interest in relation to the medical and public health phases of social hygiene are listed on the following pages.

In all of its planning and activities the Association desires and seeks the suggestions and counsel of interested state and community groups and of other national agencies. All the pamphlets and graphic materials mentioned have been developed and tested under the guidance of recognized medical and educational leaders; but the Officers and Editorial Committee are always eager to improve these public information and educational aids. To this end the advice of the JOURNAL readers is earnestly sought.



FOR PHYSICIANS, NURSES, SOCIAL WORKERS AND OTHER  
PROFESSIONAL GROUPS

EXHIBITS

Posters — Placards — Charts — Photographs

1. **Social Hygiene and Family Case Work.** Ten charts showing relation of nursing and social work to social hygiene. *17 x 22 inches, black and white, \$1.00. Colored, \$5.00. Miniature sets, black and white, 10 cents each, or \$1.00 per dozen.*

2. **Stamp Out Syphilis.** Eight pictographs from Surgeon General Parran's *Survey Graphic* article, July, 1936. *17 x 22 inches, \$1.00 per set. Mounted on colored card-board, \$3.00. Miniature sets, 20 cents.*

3. **Social Hygiene in Industry.** Set of six posters, showing nature and extent of social hygiene problems in industrial groups, with practical suggestions for employers and personnel workers. Non-technical. On heavy white paper in two colors. *19 x 28 inches. Price \$1.75.*

4. **Clinic Exhibit.** Six placards, designed to encourage regular attendance of clinic patients. *White card-board printed in red and black, size 10 x 18 inches. \$1.25 per set.*

5. **The Treatment of Syphilis.** Twenty-four charts drawn from the Cooperative Clinic Studies (8,000 cases studied by Johns Hopkins University, the Mayo Clinic, the University of Michigan, University of Pennsylvania and Western Reserve University, in cooperation with the United States Public Health Service). Prepared for 1934 meeting of the American Medical Association. Useful for instructing medical students, nurses, social workers, and others. *Miniature size, 30 cents a set, or \$3.00 per dozen sets. Large original charts for loan.*

6. **Gonorrhea in the Male.** Nine charts prepared by Dr. Edward L. Keyes for the American Medical Association's Scientific Exhibit. *Miniature size, 10 cents per set, or \$1.00 per dozen sets. Large original charts for loan.*

7. **Congenital Syphilis.**

8. **Cardiovascular Syphilis.**

9. **Darkfield Diagnosis of Primary Syphilis.**

10. **Recent Advances in the Attack Upon Syphilis and Gonococcal Infections.**

*Charts and Photographs.  
For loan only.*

*Exhibits No. 1, 2, and 3 are suitable also for lay audiences. Numbers 5, 6, 7, 8, 9, and 10, originally prepared as parts of annual Scientific Exhibits of the American Medical Association, are technical in nature, and particularly useful for medical meetings and medical instruction groups. The latter exhibits each require about 150 square feet of wall space for hanging. They are loaned to responsible groups without charge except for transportation.*

New exhibit materials are constantly being developed by the Association. Important professional meetings in 1937 for which new exhibits are being prepared include: the Annual Meeting of the American Medical Association, Atlantic City, in June; the First International Conference on Fever Therapy, New York City, March; National Conference of Social Work, Indianapolis, May; National Medical Association, St. Louis, August; and the American Public Health Association, New York City, October.

New exhibits shown at these meetings, after being submitted for comment to various authorities, and tested for practical educational value by trial with different groups, if found satisfactory will be made available for showing at state and local meetings, and reproduced, as previous exhibits have been, in inexpensive form for general distribution.

In addition to exhibits prepared for medical groups, the Association has a wide range of materials suited for use by non-professional groups such as men's and women's clubs, parent-teacher associations, schools and churches.

*For further information ask for the folder, Social Hygiene Exhibits, Pub. No. A-2.*

## SOCIAL HYGIENE MOTION PICTURES

The American Social Hygiene Association was a pioneer in the development of motion picture films for educational purposes. Beginning with the drama films *Fit to Fight* and *The End of the Road*, made in 1917-18 for the troops in camps and women and girls in the extra-cantonment communities, fourteen films have been made to date. Approximately 150 prints of the various titles have been sold or loaned outside the United States in about 25 countries, including such far off places as Egypt, South Africa and Japan. Several times as many prints have been purchased by health departments, social hygiene agencies and educational groups in the United States, the Army, the Navy, C.C.C. camps, and other federal agencies such as the TVA utilize these films regularly. At present, 8 titles are included in the list of films available for rental or purchase by approved agencies.

	Length of film	Rental per day
<b>Medical Films</b>		
The Modern Diagnosis and Treatment of Syphilis ( <i>silent</i> )..	3 reels	\$3
Darkfield Diagnosis of Primary Syphilis ( <i>silent</i> ).....	1 reel	\$1
Gonorrhea in the Male—Diagnosis and Treatment ( <i>silent</i> )..	3 reels	\$3
<b>Films for General Audiences</b>		
Science and Modern Medicine ( <i>with sound</i> ) (for high-school groups, men's and women's clubs, and community groups)	3 reels	\$6
Veneral Diseases ( <i>silent</i> ) (for older boys and men).....	3 reels	\$3
Social Hygiene for Women ( <i>silent</i> ) (for older girls also)..	2 reels	\$2
The Gift of Life ( <i>silent</i> ) (for high-school and general groups).....	4 reels	\$4
Damaged Lives ( <i>talking-film-drama</i> ) The story of two young people who marry and face the problem of syphilis. This is the drama film commercially shown with great success in Boston and other cities.....	8 reels	\$15

All of these films are available in both 16 and 35 mm width, and inquiries should specify which width is desired. A reduction in rental charge is made for weekly or monthly engagements. Transportation charges are extra. Rental is not charged for the period in transit. As all prints are continually in circulation, it is well to ask for them as far in advance of the date of showing as possible. For purchase prices and synopses of scenarios, ask for *Social Hygiene Motion Pictures*, Pub. No. 980.

## TALKING SLIDE FILMS

In addition to the motion picture films, the Association is constantly experimenting with new visual educational aids. *FOR ALL OUR SAKES*, the new talking-slide-film, is an example, and provides an effective way of acquainting the general public with the facts about syphilis.

The production, comprising a strip film and disc voice record, may be purchased for \$25. Projectors can be rented, or purchased, for prices ranging from \$75 to \$100 and up. In many communities machines may be borrowed from automobile dealers and other business agencies.

Sponsored by the United States Public Health Service and the General Federation of Women's Clubs, jointly with the Association, *FOR ALL OUR SAKES* is being shown widely throughout the United States. The Marley R. Sherris Associates, Distributors, 50 West 50 Street, New York City, will send the film and record on three day approval, for express charges only, to responsible persons or agencies. Ask for free folder. The text and illustrations of *FOR ALL OUR SAKES* are also available in booklet form.

## LANTERN SLIDES

The Association has a varied assortment of lantern slides on medical and general social hygiene topics. A selection from these will be made for loan, on request, at a nominal charge. Two specially prepared sets much in demand by medical societies and for instruction of medical students are:

	Rental charge per day	Purchase price
(Transportation charges extra.)		
The Treatment of Syphilis. 24 slides. Text and figures of the Cooperative Clinic Studies, described under No. 5 of Exhibits.....	\$1	\$10
Gonorrhea in the Male. (13 slides. Some colored). Text and illustrations of the Keyes charts described under No. 6 of Exhibits.....	\$1	\$8

# Journal of Social Hygiene

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## Annual Meeting Number

### THE DRAMA OF SYPHILIS

C.-E. A. WINSLOW

*Professor of Public Health, Yale School of Medicine*

The story of syphilis lends itself unusually well to analysis along the lines of conventional melodrama. There is a first act (*circa* 1500) in which the villain appears with dramatic suddenness and strikes terror to a helpless world. There is a second act, four hundred years long, and rather dull. Finally, in the early Twentieth Century, we have a third and final act in which the enemy is unmasked and confronted with weapons so deadly that his overthrow seems certain before the curtain falls.

The first few minutes of a play are often devoted to apparently casual conversation which reveals the past history of the principal characters. Our cosmic dramatist is weak in this respect and the early history of syphilis is still somewhat uncertain.

The prevailing concept in the Sixteenth Century was that this disease was quite new to Europe, brought back from the New World by Columbus' sailors on their return from the fateful voyage of 1492. This view was attacked by Karl Sudhoff on the ground of the prior existence in Europe of maladies resembling syphilis and treated by the use of mercurials. In recent years, however, the older view has received strong support. There has been rediscovered a lost work by the Spanish physician, de Isla, in which he describes the treatment for syphilis of several members of Columbus' crew on their return from Haiti in 1493; and, most important of all,

numerous skulls and long bones have been found in pre-Columbian graves of American aboriginal races bearing unmistakable evidence of syphilitic infection. The view of an origin in Asia or in southern or eastern Europe is still held by many competent authorities; but to the writer the case for a Columbian source seems now the stronger.

Whether syphilis was actually introduced from the new world in 1493 or not, it is certain that toward the end of the Fifteenth Century it began to spread throughout the continent of Europe as an epidemic of tremendous deadliness. First generally noted by historians among the Spanish troops sent by Ferdinand and Isabella to the aid of Alphonso of Naples, it quickly spread to the troops of Charles VIII of France when they occupied Naples in 1495. The disease was apparently already present in Spain and in France (where one of Columbus' ships had touched); but the mercenaries from many nations who made up the French army played an important rôle in the spread of the disease. It reached Germany and Switzerland in 1495, Holland and England in 1496, and Vasco da Gama is supposed to have carried the infection round the Cape in 1497 causing an outbreak in India in 1498 which in turn spread eastward reaching Canton in 1505. As is usual in pandemics each nation cast the blame on the preceding victim. To Turks, syphilis was the disease of the Christians, to the English it was the French Pox, to the French the Neapolitan disease, to the Italians the Spanish disease. At least eleven printed documents referring to syphilis are extant for the two years 1495 and 1496 while no earlier references are shown which can certainly be associated with it. In the words of J. Johnston Abraham: "As the disease was new to Europe, it fell upon nations totally unprepared. There was no acquired immunity, and it raged therefore with a ferocity now seldom seen. Frequently the victims were prostrated with acute fever, severe headache, intense osteoscopic pains and delirium. Death was not an uncommon sequela."

It was a tremendously vivid and vital world which the new plague was attacking. This was the day of Ferdinand and Isabella and of Cesar Borgia. In 1498 Savonarola preached

his last sermon in Florence and Machiavelli was sent by the signory on his mission to Caterina Sforza—that hard-bitten countess who, when rebels besieging her castle held her children captive and threatened to slaughter them, defied the besiegers to do their worst with that gorgeous phrase, “I can make more children,” so typical of the essential spirit of the Italian Renaissance. The paintings of Raphael and the sculptures of Michelangelo were delighting the eye of the artist and the first half century’s output of the printing press was intoxicating the imagination of the scholar. Leonardo was experimenting with his flying machine and prophesying that “The human bird shall take his first flight, filling the world with amazement, all writings with his fame, and bringing glory to the nest whence he sprang.”

In medicine, too, the spirit of the Renaissance was at work; and the menace of syphilis challenged the powers of some of the ablest minds of any age. A dozen medical tracts on the subject appeared between 1497 and 1501 of which that of Leoniceus was an outstanding example. The general symptoms of the disease and its relation to venery were clearly recognized (Leoniceus called it “the love disease”). The treatment by the use of mercury suggested by the Arabian practice of treating other skin diseases with mercurial ointments, was introduced in 1796.

The first really great name to be associated with syphilis was, however, that of Fracastorius (1478–1553), the eager and gracious physician, physicist, geologist, astronomer, poet and humanist of Padua and Verona. His prose essay on *Contagion* (1546) is the first really philosophical statement of the contagionistic theory of disease, the highest mountain peak in this field between Galen and Pasteur; and his earlier poem on *Syphilis, or the French Disease* (1530) gave its name to the malady and was the most important of all Sixteenth Century contributions to medical knowledge of this subject. The poem is in three books. The first deals with the origin of the disease which Fracastorius (in spite of his views on contagion) ascribes chiefly to atmospheric influences. The second discusses treatment, emphasizing the use of mercury. These two books had been completed in 1525. The third

book, added at a later date, sings the praises of a new drug, guaiac, then coming into use, to replace mercury temporarily, and it is here that the discovery of guaiac is linked up with the story of the shepherd *Syphilus* from whose name Fracastorius has been supposed to have derived his own new name for the disease. My colleague, Professor G. L. Hendrickson, of the Latin Department of Yale, has recently presented striking evidence to show that Fracastorius was really not introducing a wholly new term but was using a current Italian colloquialism for "the horrible disease" and named his shepherd for the malady rather than the reverse.

Be that as it may, the actual result of the publication of the poem was to introduce a new term into medicine and this work remains one of the outstanding classics of Renaissance medicine and of Renaissance poetry as well. Cardinal Bembo, to whom the poem was dedicated, wrote to Fracastorius "You write with more charm than Lucretius often does," and "your lament for Marco Antonio and what follows make me think that the soul of Virgil has passed into you." Even in translation—at least in the excellent prose translation of Wynne-Finch—the beauty of Fracastorius is not wholly lost. Take, for example, his discussion of the etiology of the epidemic.

"What causes after so many ages brought forth for us this unaccustomed disease? Was it borne by the Western Sea, and so came to our world at the time when a chosen band set sail from the shores of Spain, and dared to attack the foam and the unknown waters of the wandering ocean and search out lands lying in a new world? For there, they say, that sickness held sway with everlasting ruin through all the cities, and wandered hither and thither by endless fault of heaven, sparing but few. Must we then think that by means of traffic this contagion was carried to reach us—a contagion which, small in the beginning, but soon gaining strength and matter to feed on by degrees, spread itself throughout all lands? Just as oftentimes when by chance a spark from a torch which a shepherd has carelessly left in the cornfield falls among the stubble, it is small indeed at first, and moves with lingering pace. But before long, increasing little by little as it goes, it raises itself aloft and lays waste the conquered fields, the harvest and the neighbouring woods, its flames surging up to the sky. Then Jove's wood where none can walk crackles and thunders afar, and the wide heavens around and the plains give back the glow."



In the year 1500, there were but two leaders in medicine whose names remain supremely illustrious today—Fracastorius and Paracelsus; and both made their important contributions to syphilology. Paracelsus (1493–1541) spent his life in traveling from one end of Europe to the other, attacking his predecessors and quarreling with his contemporaries,—the first medical teacher who dared to lecture in the vernacular and to challenge the sacred Galenical theories of ancient medicine. There could be no more striking contrast than that between the placid scholar and humanist Fracastorius in his peaceful villa on Lake Garda and this stormy iconoclast from across the Alps. Paracelsus was sometimes a mystic and sometimes an empiricist—always a wanderer and a rebel. As a mystic he belonged to the Middle Ages but as an empiricist, he was of the Renaissance. He hoped to free medicine from its worst errors “not by following that which those of old taught, but by our own observation of nature, confirmed by extensive practice and long experience. \* \* \* If I want to prove anything, I shall not try to do it by quoting authorities, but by experiment and by reasoning thereon.”

Both his experiments and his mysticism led Paracelsus to lay great stress upon the pharmacological value of the metallic salts, particularly those of lead, mercury, iron, antimony, copper and sulphur and, in particular, he wrote several influential tracts defending the mercurial treatment of syphilis. His given name “Bombastus” has become a symbol of aggressive self-assertion and the term “quack-salber” applied to his pupils because of their use of mercury is supposed to be the origin of our term “quack.” Yet with all his faults and his misfortunes, Paracelsus fully deserved at least that part of Browning’s interpretation of his spirit which reads:

“Come, I will show you where my merit lies,  
’Tis in the advance of individual minds  
That the slow crowd should ground their expectation  
Eventually to follow; as the sea  
Waits ages in its bed till some one wave  
Out of the multitudinous mass, extends  
The empire of the whole, some feet perhaps,

Over the strip of sand which could confine  
Its fellows so long time: thenceforth the rest,  
Even to the meanest, hurry in at once,  
And so much is clear gained."

And so about the middle of the Sixteenth Century the curtain falls on the first act of the drama of syphilis. The enemy has appeared and stricken the world with terror. He has been challenged by the two great medical leaders of the time and a host of their followers; and the old Arab weapon of mercury has been brought into play for the defense of Europe against this new and fearful menace. Much has been gained, for there is ample evidence that by 1550 the havoc wrought by syphilis was far less than in 1500. Yet the weapon was after all but a feeble one. Mankind was faced with a drawn battle in which for century after century millions were to be maimed or slain each year by "the great pox" (which according to Garrison was first distinguished in this way from smallpox by Paré).

The second act of the drama was a long and a dull one, in which the plot developed scarcely at all. Dr. William Allen Pusey in his *History and Epidemiology of Syphilis* writes with admiration of the achievements of this period. He says, "In the three hundred years between 1500 and 1800 all the facts of syphilis that could be ascertained then had been worked out." This may well be true; but, if so, it strikingly demonstrates the inconclusiveness of a purely clinical approach. Many advances were made in the description of various forms of the disease and better understanding was gained of its descriptive pathology. Yet the underlying principles of causation which alone could lead to practical methods of control remained obscure and for a time became even more so. The only important advance in prevention came early in the Sixteenth Century with the suppression of common public baths which formed an almost universal feature of continental life—a suppression directly due to recognition of the part played by such baths in the spread of syphilis.

The two vitally important points in an understanding of the etiology of syphilis were a recognition of the specific identity of the disease and of the ways in which contagion

spread from one person to another. In the first half of the Sixteenth Century these points were clearly understood. Fernel (1506–1588) in his treatise on Medicine in 1554 treats syphilis and gonorrhea as distinct diseases and was familiar with the various ways in which syphilis is spread. Yet over two hundred years later the great John Hunter (1728–1793) in his *Textbook on the Venereal Disease* (1786) denied the existence of hereditary syphilis and the possibility of extra-genital infection (in the course of nature). Furthermore, in order to prove that syphilis was the same disease as gonorrhea he inoculated himself with pus from a gonorrheal case and (presumably dealing with a mixed infection) succeeded in infecting himself with syphilis. In the early Nineteenth Century, a still more tragic episode occurred in Paris where F. J. V. Broussais (1772–1838) denied the existence of a syphilitic virus and an unfortunate pupil inoculated himself in the arm with the discharge from a syphilitic sore and when generalized syphilis resulted committed suicide. Clearly, in three hundred years, retrogression rather than progress had marked the attitude of medicine toward the basic facts of etiology. From Fernel down, many writers had made correct surmises, but real proof—such as must have convinced leaders like Hunter and Broussais—was clearly lacking. It was not till 1838 that Philippe Ricord (1799–1889) in his treatise on venereal infections finally established the separate identity of gonorrhea and syphilis and gave the fundamental classification of the latter disease in its primary, secondary and tertiary stages.

The Nineteenth Century was, it is true, marked by notable advances in the treatment of syphilis. The introduction of iodine by Wallace of Dublin in 1834 was of fundamental importance. In the last quarter of the century, under the leadership of Alfred Fournier in Paris and Jonathan Hutchinson in London, the exact methodology of mercurial treatment (with avoidance of salivation) was at last worked out; and the process of intra-muscular injection was introduced in Germany.

On the whole, however, this second act, including at least three hundred years, from 1550 to 1850 was essentially a very dull interlude, valuable dramatically only as a back-

ground for the thrilling drama of *Act Three*, on which the curtain rose on the threshold of the Twentieth Century.

The stage had, of course, to be set by the work of Pasteur and Koch and their followers, from the discovery of the cause of the silkworm disease in 1870 to the announcement of the germ of tuberculosis in 1882. The gonococcus was described by Neisser as far back as 1879 and in 1884 Lustgarten found what he thought to be the cause of syphilis which turned out to be only the smegma bacillus.

It was only in 1903 that the curtain really rose on *Scene 1* of *Act III* with the demonstration by Metchnikoff and Roux that syphilis could be produced by inoculation in apes, thus providing for the first time the basis of animal experimentation upon which advance in medical science can most surely rest.<sup>1</sup> Then in May 1905, came the first really dramatic advance since 1500—the discovery of the causative organism.

One may almost paraphrase a remark first made in regard to another period of bacteriology by saying "In 1905 we knew nothing about syphilis;—in 1910 we knew everything." Furthermore, each step in this astonishing progress had its own special dramatic aspects.

Fritz Schaudinn (1871–1906) was a Prussian protozoologist, described as "an artistic, a gay man foaming over with joy in life." He took his degree in zoology at Berlin, joined the staff of the Imperial Board of Health and spent happy years at Rovigno in Istria, with his wife and child, working on parasitology. Besides making important contributions to malariology he first established the distinction between the amoeba of dysentery and those of the normal intestinal tract. He is said to have experimented with himself by swallowing cultures of amoebae and to have suffered an attack of dysentery as a result, and DeKruif suggests that his tragically early death may have been the sequel of this adventure. He was not an experimentalist or a highly acute reasoner, for he formulated on the slenderest grounds the hypothesis that malaria plasmodia, trypanosomes and spirochetes were

<sup>1</sup> It seems probable that Edwin Klebs had performed this same experiment before 1879 but the proof was not such as to convince his contemporaries.

all phases of the same organism. Yet he was a well-trained zoologist and a keen observer.

By 1905 Schaudinn was back in Berlin at the head of a fine new laboratory of the Imperial Board of Health. He was not as happy as at Rovigno. He was no longer free to study what he liked but as a high official was required to investigate any new discovery in his field and pass an official opinion on its validity. In this capacity he confirmed Looss' work on hookworm disease among the Westphalian miners. Then in February 1905, he was again, to his disgust, called off his own work to pass on the claims of another protozoologist, Siegel, who thought he had discovered the germ of syphilis. Bored and uninterested, knowing little about syphilis, but with the aid of a young physician, Erich Hoffmann, Schaudinn set up his microscope and began to examine syphilitic tissue. In the first case studied there was surely no evidence of Siegel's organism; but Schaudinn looked long at his unstained preparation of fresh tissue. Faintly discernible to the trained eye of the protozoologist were some slender very pale corkscrew-like objects, threading their twisting way through the suspension. They were different from the ordinary spirochetes of normal tissues, and Schaudinn may well have thought how much more interesting it might have been to study these spirochetes than to bother about the cause of syphilis. When the second case, and the third and the fourth showed the same pale spirochete he began to take notice. But no very early case of glandular infection was available and such a case as this should prove a crucial test. Hoffmann had made a microscopic preparation of such a case four years before. When Schaudinn examined these old specimens on a quiet Sunday in the laboratory (March 21) and found his pallid spirochetes again, the cause of syphilis was known.

Schaudinn and Hoffmann in May read their modest report *Preliminary Report on the Presence of Spirochetes in Syphilitic Lesions and in Papilloma*. The Medical Society was divided and the President finally adjourned the meeting with the caustic remark, "the discussion is closed until another cause of syphilis is brought to our attention." Such scepticism did not last long, however. All over the world bacteri-

ologists and pathologists looked for the pallid spirochetes and found them, once Schaudinn had shown the way. Metchnikoff hailed the discovery with generous enthusiasm; and rarely, perhaps, has a scientific advance been so promptly and universally acclaimed. It was none too prompt a recognition for Schaudinn however; for that eager and vital investigator died in 1906, leaving a name written into the history of medicine and a popular reputation which made possible the collection of nearly 90,000 marks for his wife and babies.

Schaudinn's demonstration of the spirochete of syphilis was one of the few important discoveries in bacteriology made almost entirely on the strength of keen trained vision without the aid of either profound theoretical analysis or experimentation. Our knowledge of the germ of syphilis still rests on a purely visual basis, for Noguchi's claim to have cultivated it is not accepted by the best recent critics. The next great advance was of a very different kind.

The *Treponema pallidum*, to use the modern name for Schaudinn's spirochete, can be detected only in the early stages of the disease. It was a natural thing to look for some immunological test which would indicate the presence of internal infection after these stages had passed for this was a period of exciting advances in immunology.

Far back in 1889 von Behring had discovered antitoxin and during the intervening years Paul Ehrlich (1854-1915) in Germany had elaborated his side-chain theory of immunity. Most significant in relation to syphilis, however, was the discovery by the precise and scholarly Belgian, Jules Bordet, of the complement-fixation reaction of Bordet-Gengou. In 1901 these observers showed that in the serum of an animal injected with bacteria or blood cells there was present a substance called "amboceptor" which—plus a substance called "complement," present in all normal serum—would destroy the particular kind of bacteria or cells which had aroused the formation of the amboceptor. On this principle they based a test for latent infection. If the blood of a person suspected of some disease were heated (to destroy complement but not amboceptor) and mixed with normal serum plus the organism

causing the disease, the complement should be removed from the normal serum which would then fail to react with a mixture of red blood cells and heated serum containing the red-blood-cell amboceptor.

There is a vast difference between such close reasoning and complex experimentation as this and the uncomplicated vision of Schaudinn. Indeed it is a very curious fact that Bordet himself was debarred from taking the next important step in regard to syphilis for the extraordinary reason that he was too logical in his theory and too sound in his experimental methods. According to DeKruif, who derived his information from personal conversation with Bordet, the Belgian investigator actually found that the blood of a syphilitic would remove the complement for syphilitic tissue from normal blood serum and that the blood of an uninfected person would not. Here was a beautiful test for the presence of syphilitic infection. But Bordet was the very ideal of a cautious scientist. He made one more control. He mixed the heated serum of a syphilitic with normal serum and with ground-up normal non-syphilitic skin. The complement should not have been removed by this procedure; but it was. Completely puzzled by this anomalous result he concluded that his first complement-removal by syphilitic tissue was non-specific and dropped the line of investigation.

So it was August von Wassermann (1866-1925) who in 1906 described the complement-fixation reaction for syphilis, which thus bears his name instead of that of Bordet. Wassermann was in error in claiming, as he did, that his reaction could be demonstrated only with syphilitic tissue; and we do not know, today, why the specific immune bodies of syphilis remove complement in the presence of lipoidal extracts of normal tissue, but they do. As DeKruif says, "Wassermann who was wrong on a detail was right in general. And Bordet—greatest enemy of all theories—had muffed a deep new fact because it didn't fit his laws! And Wassermann was world famous."

Wassermann's discovery of a method for diagnosing syphilis, however, could never have been made without the basic theories of Ehrlich and Bordet; and now the torch of progress passes back to the hands of Ehrlich for the next

great advance. Here was a far greater figure than either Schaudinn or Wassermann, one of the outstanding leaders of Nineteenth Century medicine, ranking almost with Virchow, Pasteur and Koch, the mightiest triumvirate of all. His fame rests on no one discovery but on a great mass of work which underlies many different fields of medical science as we know them today. Histologist and chemist, he was the chief initiator of the use of the new anilin dyes in micro-chemical methods of tissue study. He was a pioneer in the histology of the blood. His brilliant study of the oxygen consumption of the tissues laid the basis for his side-chain theory of immunity. Incapacitated for a time by tuberculosis, he recovered and returned to his tireless labors, now concentrating in the field of immunology. Koch aided his advancement and in 1899 he was placed in charge of the new Institute for Experimental Therapeutics at Frankfort. Here, he began almost at once to apply chemistry in the field of medical treatment as he had already applied it in histology and physiology. He reverted to the old dream of Paracelsus of a "*therapia sterilisans magna*," a substance which would destroy invading bacteria without harming the cells of the body itself. Syphilis was obviously the shining mark for such an effort; and, since an arsenic compound, atoxyl, had given good results in destroying the trypanosomes of sleeping sickness, Ehrlich began with that, and then tried one arsenic compound after another, systematically modifying the molecule and testing each new modification. For years, this process was continued, with untiring German thoroughness. At last in 1909 came success. The six hundred and sixth compound tested did have a specific toxic effect upon the spirochete. At last after four centuries a real specific for syphilis had been found in salvarsan (606); and later neo-salvarsan (Ehrlich's 914) was produced, which gave even better results.

Later experience showed that the effect of these arsenic compounds, even in combination with the old mercurials which still have their place in the syphilologist's armamentarium, was by no means an unerring cure. In the very early stages of the disease curative efficiency is very high and in all cases treatment can be relied upon to make the syphilitic non-con-



tagious. In later stages, however, the spirochete hidden deep in interior tissues may resist the most intensive chemical treatment. The introduction of artificial fever therapy by Wagner-Jauregg of Vienna in 1917 and the demonstration of the value of bismuth treatment by Sazarec and Levaditi between 1920 and 1922, marked important new advances in this field. The work of the Health Section of the League of Nations on the study and standardization of serologic tests and the improvements in treatment which have resulted from the work of the Commission of Experts on Syphilis and Cognate Diseases which first met at Geneva in 1928 have proved of profound significance. Dr. J. H. Stokes in a personal letter states: "From this sprang the fabric of investigation which goes among syphilologists by the name of the Cooperative Clinical Group, and the United States Public Health Service Retrospective Investigations in Syphilis—one of the finest examples of cooperative study that the whole of modern medicine affords." Yet, looked at in the large, the great moments of *Scene 1 of Act III* were the discovery of the cause of syphilis by Schaudinn, the introduction of a method for the serodiagnosis of syphilis by Wassermann and the preparation of our most valuable specific for syphilis by Ehrlich—all between 1905 and 1910.

This first scene of *Act III* was played entirely in the laboratory and the clinic; but there is a second and, I believe, a final scene now being played on a larger stage. Advances, as Browning's Paracelsus says, are made first by individual minds. Then official bodies and committees digest and coordinate the facts and plan policies. Finally, sometimes after distressing delays, there is organized that most important of committees—a Committee To Do Something About It. This is the theme of *Scene 2 of Act III* of the drama of syphilis.

Experience has shown that the heroes of *Scene 1* have not given us a sure cure for syphilis and that the clinic alone cannot win the battle. It is to prevention rather than cure that we must look for ultimate victory; and Schaudinn, Wassermann and Ehrlich between them have placed this victory within our grasp. We can detect the early stages of the disease by the use of the dark-field test and the late stages by the

Wassermann or its derivative, the Kahn reaction. We can render a case non-infectious by the use of arsenicals. All that is needed is the application of these principles.

We are looking at this part of the performance from the wings and not from the front of the proscenium and our sense of proportion may be none too accurate. The lessons of the laboratory have been applied in different countries, by different leaders, and in different ways. For the United States, at least, however, we may discern the general outlines of the drama and pay tribute to at least two of our leading actors.

In the year 1914 a "Committee To Do Something About It" was organized in the form of the American Social Hygiene Association, and in December of that year, Dr. William F. Snow came from California to become its Director. Three years later his great opportunity came and he was ready. The United States was entering the World War and the threat of venereal disease, as always, constituted a graver menace to the effective strength of the army than any hazards of battle. Up to 1917, military and naval authorities throughout the world had accepted venereal disease as a necessary concomitant of military life. It was Dr. Snow's great achievement that he persuaded Secretary of the Navy Josephus Daniels and Secretary of War Newton D. Baker that this was not the case; and with the hearty support of General Gorgas secured the adoption of a threefold program for venereal disease control, including not only prophylactic treatment but vice-repressive and educational measures for the reduction of opportunities for infection, with parallel emphasis on the provision of opportunities for wholesome recreation. This campaign was so notably successful that it led in 1918 to the Chamberlain-Kahn Act and to other governmental measures treatment and for the control of venereal disease. When appropriation for the Chamberlain-Kahn Act ended, 41 states were carrying on special activities in this field and clinics had grown from 50 to over 600. In this whole first phase of practical disease control in the United States, William F. Snow was the stage manager, even though he rarely occupied the limelight in his own person.

The two decades following the organization of the American Social Hygiene Association were marked then by substantial progress along two lines. Real advances were made in the restriction of organized, commercialized vice and in the provision of clinic facilities for the treatment of syphilis and gonorrhea. Yet no one familiar with the problem could feel that we were more than scratching the surface. Recent statistics from Massachusetts and New York for the first time do show a reduction in early cases of syphilis, but only a slight one. Something was clearly still lacking in the definition and execution of our program.

What this lack was we may learn by noting how this scene of the drama is being played in other countries, notably in Scandinavia. In England there is no reporting and no administrative control of the venereal diseases; but there is ample, free clinic treatment of high quality available on a far higher level than that provided in this country. The result has been that while gonorrhea rates are even higher than they were in the post-war epidemic period of 1919-1920, new cases of syphilis have been decreased by one half. In Denmark and Sweden there is equally good free-clinic service and in addition legislation requiring reporting and treatment of venereal disease, reporting of sources of infection and epidemiological control, and this legislation is enforced. The result is that while reported cases of syphilis in Sweden rose from a pre-war level of about 2,000 a year to nearly 6,000 at the peak of the post-war epidemic they were reduced to 431 in 1934; while cases of gonorrhea rose from 10,000 to 20,000 and then fell again to 10,000 just about the pre-war level. Several obvious lessons may be drawn from such comparisons of national experience.

1. That gonorrhea has nowhere been effectively controlled.
2. That clinic service, largely for the indigent, not correlated with or supplemental to satisfactory private practice services, and not supported with vigor by either health authorities, physicians or the public as in the United States, has a slight but almost insignificant influence upon syphilis.
3. That medical service of high quality and available under

thoroughly practical conditions for everyone on all social and economic levels will reduce the burden of syphilis about one half.

4. That such clinic service, supplemented by vigorous epidemiological measures for the detection and treatment of the early case, will practically eliminate syphilis as a health problem. Syphilis is today as rare in Sweden as is typhoid fever in this city of New York.

The recent visit made by some of our experts to these European countries for the study of their methods of syphilis control reminds me a little of the voyagers who are pictured by Fracastorius as bringing back to Europe the new drug guaiac which he considered of such miraculous value. "Not forgetful of the land of their fathers, they gave orders that these gifts of the Gods \* \* \* should be brought back to our own shores; in the hope that they might drive out the same disease under our native skies. Nor did the Fates deny them favouring wind, whilst Apollo graciously sustained their sails."

There was one of these pilgrims, however, who did not really need to go to Stockholm to discover the secret of syphilis control. Dr. Thomas Parran as Commissioner of Health of the State of New York already knew his part quite well. He showed us there that syphilis was not a vague social plague, but a communicable disease, spreading in epidemic form from a few isolated foci in any given community at any given time—a disease which could be controlled by honest and vigorous epidemiological efforts as readily as any other malady of its class. Today, Dr. Parran as head of the United States Public Health Service is giving us the same message from a wider stage. He is the "leading man" in this great drama in North America as Fracastorius was in Italy four hundred years ago. If we give him our support, the final curtain may soon be rung down on the drama of syphilis in the United States.

## PROSTITUTION AND PUBLIC POLICY

ALAN JOHNSTONE

*Formerly Regional Director for Law Enforcement and Protective Measures,  
Army and Navy Training Camp Commissions*

The World war and the consequent insistence on fitness of the fighting forces focused attention in this country on the problem of prostitution and produced a policy: That policy was the repression of prostitution; information as to its danger and futility; protection of young people from its menace; recreation as a substitute for its temptation; and medical treatment of its victims. Latterly in too many localities that policy is being called into question. It may be well in restating it to review the experience of the race in dealing with this age-old problem.

Controversy and experiment in dealing with prostitution is as old as recorded history. Public promiscuous unchastity for gain has existed from the earliest times. At the root of it is the sex instinct which involves the most primary individualistic expression and around which is grouped deep-seated and fundamental emotions. The interest of the race, also primarily involved, makes the institution one of grave public concern.

Organized society, the State, has long had a settled policy with respect to the protection of person and property against violent or unjust attack or deprivation. To kill or to assault is universally unlawful. Human slavery has almost disappeared from the face of the earth. To rob and to steal are everywhere prohibited by the State. The more subtle expressions of dishonesty in a complex modern industrial civilization are condemned and punished. The security of person and property is the first concern of the State. War, though apparently a negation of this common agreement, is really a nationalistic expression of the effort to achieve this security.

But the security of the race against destruction from within is more complex. The effect of the perversion and exploitation of the instinct of reproduction is not so easily recognized and understood. The clash between individual liberty and racial security has produced strange and varied philosophies and customs in the history of organized society.

Anciently prostitution was connected with religious worship, the most exalted expression of the race, and was not only tolerated but encouraged. In some ancient civilizations it was apparently required as a religious rite. Except among the Hebrews, and perhaps the Chinese, the worship of various gods was accompanied by the most extravagant orgies and churches were the centers of sexual license.

Very early in the history of the race the sex instinct was commercialized. In Egypt prostitutes were supported by the State. The Athenians in Solon's time denied to prostitutes the right of religious worship and sought to promote order and decency by regulation of the institutions. Houses of prostitution were established and confined to certain sections of the city. But with them prostitution was not unlawful. It was profitable. It became a State monopoly.

The early Romans sought to suppress prostitution. This policy expressed in custom and law was one of severe and cruel repression. Sequestration and ostracism were the penalties; to yield later to toleration and regulation accompanied by a tax on the institution. In the last days of the Empire, prostitution, obscenity and sensuality greatly contributed to its fall. The early Christian church sought to improve the morality, and relieve the cruelties of pagan policy. It taught chastity. It offered repentance, rescue and charity to individual prostitutes. Churches became sanctuaries. Exploitation of women and girls and debauchery of boys was condemned. The Age of Chivalry with its exaltation of women, and the religious fervor of the Crusades, produced a humanitarian campaign against the institution.

But prostitution continued and flourished in the Middle Ages. In England brothels were licensed by certain bishops and, in the fourteenth century, by the Lord Mayor of London for public revenue. In France, Germany and Italy prostitution became a public monopoly, promoted by the government which collected revenue from it.

The fifteenth and sixteenth centuries brought an important change in attitude. The fear of disease and the Reformation were the moving causes of the change. The State abandoned prostitution as a business. Municipal brothels were abolished not to be again re-opened. Severe repression became the rule. This policy yielded in turn in the eighteenth century to toleration, registration and medical inspection. Essentially this last policy, of which France was the chief exponent, was the early Roman policy, without the tax and with the added effort for the protection of health.

There followed well on into the twentieth century the development of a policy which for futility and hypocrisy has no parallel in the history of government. It developed during the formative period of organized police systems and undoubtedly checked the development of this first line of defense against crime.

Under it prostitution was not unlawful. It was the subject of police regulation and dealing with it became a matter of administrative action. Beyond the pale of the law, if also beyond its prohibition,

there developed in Europe and in most of the States of the Union a twilight zone of official action. Public officials were not charged with suppressing prostitution but merely to keep it out of sight. The rights and liberties of its denizens were delivered to the police who worked their way with them. Graft, corruption, exploitation were the inevitable results. Grafted onto the system of extra-legal policy was the system of medical examination and certification of prostitutes. Only spasmodic efforts were made to examine their male partners.

The compulsory examination of women as a prerequisite for permission to ply their trade; certificates of health from the public authorities which were ghastly snares; a veritable army of procurers and panderers conducting an unholy business in human beings and in police protection; inefficient and corrupt police officials were the rotten fruit of this policy. And there developed in civilized countries a new type of slavery into which thousands of women and girls were annually taken and held during their miserable lives.

There developed in England during the latter part of the nineteenth century and in the great American cities in the early part of the twentieth a revolt against the policy. Everywhere full investigations of the facts had disclosed its fallacy. It had no value in the protection of health. It neither controlled nor diminished the traffic. It offered a constant and open invitation to debauchery. It fostered and begot crime of all sorts. And it maintained an unholy if clandestine and shady partnership between the police and vice which threatened the very foundation of society.

And so an aroused and enlightened opinion was directed toward a new policy at the outbreak of the world war. The necessities for an army fit to fight brought support to it. The military and civil authorities alike were as one in attacking commercialized prostitution in all its forms; in preventing venereal infection by suppressing a system that bred and disseminated it; in bringing the infected under treatment and in preventing the sacrifice of a part of the population to lust and passion on the outworn theory of "sex necessity."

A great commander and a great American, General John J. Pershing, summed up the experience on this subject in an illuminating letter to Lord Milner during the War. This letter said, in part:

I have also heard with great satisfaction of the recent decision of the British War Office that the licensed houses of prostitution are to be put out of bounds in the British Expeditionary Force. Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective. Abraham Flexner has argued the case so convincingly that on the scientific side it seems to me there is no escape from the conclusion that what he terms "abolition" as distinguished from "regulation" is the only effective mode of combating this age-long evil.

This menace to the young manhood in the army forces and to the health and future well-being of our peoples cannot be met by the efforts of each government working apart from the others. It is plain that every day it affects more and more, all the allied nations now fighting on the western front of France. The question long since was an international one, and it is only by an internationalization of our aims and efforts that we can obtain the unity and coordination which will enable us to solve the problem. The greatest responsibility rests on those to whom the parents of our soldiers have entrusted their sons for the battle, and we fail if we neglect any effort to safeguard them in every way.

We have the common ground of humanity; we have the well-considered conclusions of the best scientific minds on our side, and from the fact that, in this war of nations-in-arms, the soldier is merely "a citizen on war service," we have all the elements which will force cooperation between military and civil authorities. The army can do little unless the citizen at home plays his part in the big scheme. With our nations cooperating hand in hand, both in France and at home, we have the brightest prospects of winning the victory.\*

The studies conducted by the American Social Hygiene Association in this country since the war period and by the members of its staff in foreign countries serve to reinforce and fortify that pronouncement.

Forty-two American states have outlawed commercialized prostitution by formal statute. These statutes penalized both the men and women partners in the act of purchase and sale of the human body for sex gratification. Exploiters and panderers are recognized outlaws.

Let no public official in this country delude himself in the thought that he can succeed where all others have failed. No system of regulation has ever succeeded. Efforts to sanitize sexual vice have been worse than useless. Who will dare to defend the traffic in women and children that always accompanies toleration and regulation?

It is the high function of this Association continually to inform public opinion in this country on this subject. Let everybody who has ears and a mind hear and know that commercialized prostitution attacks the most fundamental institution of civilized man—the family; that it pours into the blood stream of the race disease germs that will destroy it; that the arguments for it are no less false because they are insidious; that the arguments and experience against it are overwhelming; that there is no sound policy but to fight it wherever it raises its ugly head.

\* From a letter dated May 7, 1918 from General Pershing to Lord Milner. Quoted in *The New Republic* of November 30, 1918.



## COMMERCIALIZED PROSTITUTION AND DISEASE TRANSMISSION

WALTER CLARKE, M.D.

*Director, Social Hygiene Bureau, New York City Health Department*

The law and public health principles should guide a department of health in dealing with the knotty problems of prostitution. In the State of New York the law states that every person arrested for a sex offense should be reported within twenty-four hours, by the court or magistrate before whom such person is arraigned, to the health officer, and shall be examined to ascertain whether such person has syphilis or gonorrhea in a communicable form. For the purpose of such examination the person may be detained until the result of such examination is known, and no such person if convicted shall be released until examination has been completed in accordance with this law (*Section 343 N of Article 17 B, of the Public Health Law*). In New York City we examine all persons arrested and arraigned on charges of prostitution and we hold them until the results of such examinations are known. If the person has syphilis or gonorrhea in a communicable form, we recommend hospital care until non-infectious, but the magistrate does not see our medical report until the question of guilt or innocence has been settled.

If the person is guilty of a sex offense the court takes the medical facts into consideration, and in disposing of the case always assures that treatment is given. The guilty person may be sent to the Workhouse which provides medical care, or if a first offender, may be allowed to go to a hospital to remain under treatment until non-infectious, or she may be placed on probation.

If the person is infectious and is placed on probation, or if she is infectious and not guilty, she is removed by the Department of Health to a hospital for care until non-infectious, unless her home and certain other conditions permit her to be placed under private care. Thus, if the person is infectious and if the disposition of the case by the court permit her to be at large, the Department of Health undertakes to maintain her under medical control until non-infectious—this means hospitalization.

Section 88 of the Sanitary Code requires that every person examined by the Department of Health in accord with the Public Health Law and found to have syphilis and gonorrhea in a communicable form, shall be removed to a designated hospital unless the person is under the care of a physician approved by the Director of the Bureau of Social Hygiene and has home conditions that permit suitable isolation. Therefore, if a person can show that he or she is under the care of an approved physician and has suitable

home conditions he or she may be released by the Director of the Bureau of Social Hygiene from isolation in the hospital. Cases released, however, usually disappear long before the completion of treatment, and we have reason to believe that they often engage in the practice of prostitution even while under medical care. Our experience has been that the interest of the public health is best served by keeping such individuals in a hospital until non-infectious. For this reason, we are glad to insist upon the fullest compliance with the requirements of the Sanitary Code before releasing any case from the isolation hospital. The cases released are now carefully followed up by a specially trained public health nurse and the physicians treating them must report to us regularly each week. If a person so released fails to comply with the requirements, we do not hesitate to return them to the hospital.

Persons examined in accordance with the above procedures and found to have syphilis or gonorrhea, but not in an infectious stage, are referred to appropriate sources of treatment. If they are convicted and incarcerated, this treatment is, of course, given in the correctional institution; if probated or not guilty, they are referred to clinics or private practitioners for medical care.

During the year 1936, 3,804 women were examined in the Health Department diagnostic clinic at the House of Detention. Twenty-two per cent were found to have syphilis, 23% were found to have gonorrhea, and 13% were found to have both syphilis and gonorrhea. Of the total number examined 58% were found to have one or both of these diseases.

It will be noted that the State law requires "That *every* person arrested for a sex offense shall be reported within twenty-four hours, by the court or magistrate before whom such person is arraigned, to the health officer." Whenever magistrates report male sex offenders to the Department of Health they are examined in exactly the same way and are disposed of in accordance with the same rules and principles as female offenders. The number of male sex offenders is small, compared with the number of female sex offenders. Some difficulty has been encountered because of lack of facilities for holding male sex offenders pending examination. It is expected that these difficulties will shortly be removed.

Patients in our clinics frequently name prostitutes as sources of infection. The Health Department can deal with such cases in one of two ways: First—we can follow them up by the usual epidemiological procedures and invite the prostitute to come to the clinic for an examination. Second—we can regard the information given by our patient concerning a prostitute, as a citizen's complaint regarding illegal practices, namely, prostitution, and can bring such information to the attention of the appropriate branch of the city government, namely, the Police Department.

Experience indicates that visits by nurses or social workers to prostitutes named as sources of infection for the purpose of per-

suading them to visit a clinic for diagnosis almost invariably result in the prostitutes being lost to us. They disappear without leaving a trace. Usually, therefore, when the evidence is sufficiently impressive, we refer to the Police Department information obtained from patients regarding the practice of prostitution. The Police Department investigates, and, if their findings warrant it, bring the persons complained of to the Magistrates' Court where they are arraigned. As soon as they are arraigned, the Department of Health examines them, in accordance with the above mentioned plan. This procedure has given quite satisfactory results in the number of persons examined, found infected and consequently placed under public health control.

We are conscious of the fact that there are various ways in which our procedures could be improved without stepping out of the domain of the Department of Health. As a matter of fact, the procedures now in operation are for the most part new and their development is not by any means complete. Thus far the procedures mentioned have resulted in many more infectious individuals being brought under control and fewer escaping from control once they are known to the Department of Health.

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**Reporting on Social Hygiene Day.**—More than 400 meetings, 100 radio broadcasts, and a flood of newspaper and magazine publicity—these were the outward signs of public response to the Association's proposal that a special time should be set aside for community consideration of social hygiene problems. Among the programs were Regional Conferences in 25 cities, community-wide gatherings in more than 200 other places, and numerous "special-group" meetings among medical societies, nursing and social work organizations, church groups, men's clubs, women's clubs and other agencies. Many of these meetings adopted resolutions in support of the national program. In a good number committees were immediately set up for community action. Though most of the events were scheduled for Wednesday, February 3rd, meetings continued to be held all through the month, and as this is being written, some groups are still looking forward to observance of Social Hygiene Day.

The March issue of the JOURNAL will be devoted to an account of this novel and successful project, planned and carried out by the Association as a means of enlisting new public interest for the national campaign against syphilis. If you desire extra copies of this number, please let us know promptly, that we may be sure of a sufficient stock to care for all demands. (*35 cents a copy.*)

## PROPHYLAXIS AS A FACTOR IN VENEREAL DISEASE CONTROL

J. F. MAHONEY, M.D.

*Surgeon, United States Public Health Service*

There are, I believe, on record in medical literature only an exceedingly limited number of authentic cases of laboratory men who have derived any great degree of personal pleasure from public speaking and I trust that this audience will not place me in this category if I should venture the remark that it gives me a considerable satisfaction to join in the deliberations of this meeting. This satisfaction springs almost entirely from the fact that the subject under discussion, that of personal prophylaxis in syphilis, is one which has engaged the attention and the efforts of the laboratory with which I have been associated for a period of almost seven years. These efforts directed toward the study of prophylaxis were originally prompted by, and have been sustained by, the rather firm conviction that this factor will eventually, sooner or later, play a highly important rôle in the control of this disease, especially if the efforts toward control which are now gathering momentum in this country are to attain the degree of success which the gravity of the situation seems to warrant.

The formation of an opinion on this subject is basically similar to the formation of an opinion on any problem of social medicine in that it merely represents an effort to crystallize the present status of knowledge of the particular subject and it is always realized that a social trend or a scientific discovery may so alter the outlook as to render an opinion which may appear to be mature today, to seem puerile and inadequate tomorrow.

The basic question of moment at the present time seems to be whether or not the medical and public health professions have available a method of prophylaxis which can be advocated and encouraged for use by the general public, thus giving the tacit assurance that, if the method is used in the manner prescribed, there is a reasonable assurance that infection with syphilis may be avoided. It is cer-

tain phases of this basic question that we desire to scrutinize this evening.

When the phrase "prophylaxis in syphilis" is mentioned it almost invariably refers to the method devised by the great Metchnikoff and based upon his early experimental studies of the problem. As a result of these studies the efficacy of calomel ointment was demonstrated and this basic substance together with additional items, especially that of mechanical cleansing of the exposed area with soap and water and the injection of silver salt for the prevention of gonorrhea, have formed the major part of the prophylaxis routine which has been used in practically all of the military organizations of the world. There are no records available of the practical results attained by any other prophylactic method. That the Metchnikoff method is, in the hands of the military, a highly efficient procedure has been abundantly demonstrated by the declining venereal disease rates in a number of military establishments. But there are no records available as to its efficiency in other than military establishments.

In this case, as in many other phases of medicine, there are two great sources of information. The first, the results actually obtained by use of the method in the human and the second, the data accumulated by careful experimental and investigative work. It is through the medium of this latter phase that we wish more closely to scrutinize some of the basic features concerned in this problem.

The work of Metchnikoff was probably one of the earliest experimental studies in this field and, although a considerable number of investigators have since devoted time and thought to the question, one of the most significant items of information has sprung from a small experimental study conducted by Kolle in Germany in about 1927. In this work Kolle demonstrated the rapidity with which the syphilis spirochete is capable of penetrating the experimental animal when once an abrasion of sufficient degree to open the lymph channels has occurred. In a matter of five minutes from the time the virus is applied to a scarified area on the scrotum of a rabbit the organisms have been recovered from the lymphatic glands eight centimeters away. A goodly portion of this time must have been spent in traversing the channels to the lymph glands leaving only the inference that almost instantaneous invasion is possible when once the protection of the intact integument has been destroyed.

I should like to add to this isolated finding a closely allied fact. In our own work we have never been able to detect a syphilis spirochete gaining entrance to the body of an experimental animal directly through the unbroken skin where the integument is that of stratified squamous epithelia. These two facts force the conclusion that extragenital primary lesions of syphilis and even genital lesions which do not spring from mucous membrane are probably the result of the virus accidentally finding a broken skin area and effecting a more or less rapid penetration. These two facts, as will be apparent later, have an important bearing upon prophylaxis.

In an experimental study of the problem it was considered to be of extreme importance to determine the time factor concerned in the penetration of the intact genital mucous membrane of the experimental animal by the syphilis spirochete and the first step in this study consisted of the development of an experimental method which, in the animal, simulated as closely as possible the mechanism of transmission which is operative in female to male infection in the human. It was found that this could be accomplished by the relatively easily carried-out procedure of depositing material containing the syphilis organism upon the intact genital mucosa of the male rabbit. The virus is maintained in position for any desired length of time and the animal either treated or the tissues studied at the conclusion of the desired length of exposure. By this rather simple procedure, it was possible to gather some rather exact data as to the time which may be required for the spirochete to invade the intact mucous membrane to a depth at which the invader would no longer be susceptible to the influence of agents applied at the surface. It was thus demonstrated that after exposure of one hour the organisms tended to be found either upon the surface of the mucous membrane or to occupy a more or less protected position in the crypts and folds of the integument. After two hours some very good examples were found of organisms which had made some progress in penetrating the deeper structures, and after exposures of three hours or more photographs were obtained of spirochetes which had penetrated to a depth which would surely render them immune to the direct influence of any surface-applied agent.

Continuing this study further, some data were accumulated in regard to the efficiency of various substances as to their ability to protect against the primary invasions of the spirochete. Thus it was found that mechanical cleansing with soap and water served as a very efficient agent in exposures not exceeding one and one half hours but after two hours this procedure gave evidence of being almost completely ineffective. Some data were also gathered as to the value of various disinfecting agents of the more drastic type. Thus, ether, tincture of iodine, and alcohol served to protect the animals following exposures of under two hours but were relatively ineffective after exposures of three hours, thus demonstrating that even these drastic procedures, far too severe to be tolerated by the human, were not effective unless applied at a point of time during which the organisms occupied a vulnerable position upon the surface of the mucous membrane. Another interesting field of study is involved in the question of the relative rôles played by local and systemic actions of the material used in the Metchnikoff method. It was found that the mere application of calomel ointment to the genital mucous surface of the rabbit did not serve as a deterrent in the subsequent penetration of the syphilis organism. It was also found that a calomel or mercury ointment when thoroughly rubbed into the mucous surface, either prior to exposure or following exposure, was successful in protecting a high percentage of the animals. It was also found that it was not extremely essential that the mercury

be applied directly to the exposed area but that a high degree of protection could also be attained by applying the mercury to a skin area distantly removed from the site of exposure. These various findings point rather strongly to the conclusion that there is probably a very limited local protective action exerted by the mercury and that its efficacy is probably entirely due to its systemic spirocheticidal action.

It thus seems evident that in the Metchnikoff method as used in military organizations there are available the two essential features which are primary requisites for an ideal prophylactic in that it embodies the preliminary mechanical cleansing with soap and water plus the systemic action of an efficient spirocheticide, both being carried out as soon after exposure as possible. It will always be difficult to determine which step of the procedure plays the most important rôle.

It is desired now to return to the consideration of the results which have been obtained by the military through the use of the Metchnikoff method of prophylaxis. That these results have been of outstanding character is beyond a reasonable question of doubt. That these results may also, in part at least, be attributed to the degree of personal control which is present only in military life is also somewhat evident.

Military units are small and, for the most part, relatively homogeneous. Each unit is under the direct supervision of a medical officer, not the least of whose duties consists of frequent instruction and warning of the members of his command in regard to the dangers of venereal infection and the necessity of close adherence to the regulations governing prophylaxis. A very definite coercive power is also present in the military regulation which forfeits all pay in cases of venereal infection in which the rules governing prophylaxis are not complied with. In particular is stressed the urgency of carrying out the prophylactic treatment as soon after exposure as possible, preferably within the period of one hour. To assist in rendering this phase as effective as possible prophylactic stations are established, suitably located and manned by corps men especially trained in this work. The function of these attendants is to see that the routine is rigidly adhered to, especially the mercury inunction, in order to be assured that the exposed person actually absorbs a full dose of the drug.

When anything else than this complete regime is tolerated there is a corresponding decline in the efficiency of the method as evidenced by a rising attack rate. When the necessary materials are provided to each enlisted man in the form of prophylactic kits, each accompanied by precise instructions as to their use, the results are considered to be not entirely satisfactory.

Thus the position of the civil health agency earnestly seeking an effective method of prophylaxis for use for the general public is not an enviable one. To provide prophylactic stations, in a sufficient

profusion, of needed capacity, assuring at least a reasonable degree of privacy, manned by trained people and available for use during the night hours is obviously beyond the financial power of even the most heavily endowed municipal organization. If a program on this broad basis were financially possible there would still be lacking the factors of control, education and instruction, the highly important adjuncts which tend to favorably influence the results obtained but which can only be found in a military or naval organization. The civilian health officer will never attain, in this country, the degree of control which is exercised by a peace-time army or navy.

For a health official to advocate less than a complete program forces him into a position of tacitly approving a procedure which may well fall short of the desired goal and thus react unfavorably upon the reception which may be accorded any future efforts along this line.

It is wondered if the solution of the problem does not lie in the development of an entirely new method, one which may possibly not be as complete as the Metchnikoff method but which may possess many real compensating advantages. In this method we may have to disregard those areas of body surface which form the site of an occasional primary lesion and concentrate upon the relatively limited area in which better than 95% of the primary lesions, in the male, occur. Our problem will then consist of so altering the environment of this area immediately after exposure, in such a way as to prevent or inhibit the migration of the organisms into the deeper tissue structures at which level they can only be attacked by the systemic action of a spirocheticidal drug. This alteration should be carried out by an agent as free from disagreeable features as possible. It should be free from irritating sequelae. It must be readily applicable, without the need of special equipment or facilities. It must be easy to obtain and readily transportable and, above all, it must be effective. An agent of this kind, although it would not be of marked value in cases in which there was an abrasion of sufficient magnitude to permit rapid ingress of the syphilis organism might prove efficacious in preventing the vast bulk of primary infections in which the organism is considered to penetrate the mucous membrane in the usual manner. An agent of this kind would be capable of attaining a rather widespread utilization within a brief period of time and with a minimum amount of propaganda.

A search for an agency of this character has been under way for the past several years. At the onset of the work the problem appeared to me, from an experimental standpoint, relatively simple. We have in our possession the syphilis virus in a virulent form and we have an experimental technique which rather accurately represents the mechanism of infection in the human. By the use of these facilities we have been able to test a rather large series of key drugs and chemicals. The great drawback lies in the fact that a period of approximately nine months must elapse before it can be said with a reasonable degree of certainty that an animal was completely protected. With the rather wide range of substances which have been



tested up to this time our results have been, with the exception of some recent encouraging indications, entirely negative. And, whereas we have been forced somewhat to modify the original impression as to the simplicity of this problem, it is still felt that the problem is entirely capable of solution and that it may eventually be possible to remove the question of prophylaxis from the list of unsettled problems in syphilis.

## SHALL HEALTH AUTHORITIES OFFER TO THE COMMUNITY PROPHYLAXIS AGAINST VENEREAL DISEASE?

EMILY DUNNING BARRINGER, M.D.; F.A.C.S.

*Gynecologist, Kingston Avenue Hospital, Department of Hospitals,  
New York*

This is a very comprehensive question and calls for an equally comprehensive answer, which shall include a consideration of the many different angles of this subject. Thus there is the religious side, the moral or spiritual and the aesthetic sides. I believe that on each one of these counts the answer would be emphatically no. However, it is not my intention to discuss prophylaxis from these angles, but rather from the purely physical and economic standpoint.

Will health authorities by offering medical prophylaxis, especially to youth, reduce the sum total of venereal disease in the community and thereby reduce the economic cost of these diseases?

I believe that in the long run they will not, and for the following reasons:

1. Prophylaxis, if approved by, and offered by the health authorities will definitely increase promiscuity. Anything that has the sanction of the health officers will be ample excuse for weak and questioning youth to go ahead and experiment along lines which they might otherwise not attempt.
2. Promiscuity is known to be the greatest cause for the transmission of venereal disease, and the amount of venereal disease varies directly with the amount of promiscuity in a given community.

3. Prophylaxis cannot offer 100% protection against venereal infection. From a medical standpoint only, it *possibly* can with increasing knowledge of drugs, and perfection of mechanical devices. But there is the human element which prophylaxis cannot control, and which in the final analysis defeats the very purpose of prophylaxis. Let me explain. We are all most interested, I presume, in helping youth. I believe that physicians commonly find when questioning youth about their first sex experiences that they will state they were under the influence of alcohol at the time. I have found this to be the case in the majority of young people I have questioned. Now, we know that passionate, bewildered, intoxicated youth is not going to apply any prophylactic measures with judgment or accuracy, and this applies especially to young women.

Even among old rounders with plenty of experience and seasoned judgment, prophylaxis cannot promise immunity. One of the most virulent cases of gonorrhea that I have seen in a woman, was caused by an erring husband, who thinking himself safe with modern prophylaxis, woke up to the fact that he had infected his beautiful young wife, the mother of his healthy children.

4. Prophylaxis will increase pregnancy in the community. Pregnancy varies directly with promiscuity in the community, and is a most important aftermath to be considered. Again it may be argued that with proper prophylaxis this will not occur, but again because of the human factors mentioned above it *does* happen, as I have found out in a long experience with these cases. And as we all know, this leads straight to the problem of abortion, probably one of the most serious health problems of the day. For with increasing knowledge of prophylaxis and birth control, and increasing promiscuity on one hand, we are hitting an all-time high record for abortion on the other.
5. Prophylaxis probably finds its greatest usefulness in connection with the Army and Navy, in other words with groups of men who are under medical surveillance and must report to medical officers at given times.

It would seem a far greater service to the youth of the community, rather than offering them prophylaxis,—to lay down a practical standard of premarital continence in the fight against venereal disease. Departments of Health could do an inestimable amount of good if they would clarify some of the ignorance and superstition about the important question of sex in the minds of the young people of our communities.

Charlatans and quacks are still growing rich on their ill-earned gains, by offering their wares to overcome all the miseries of misunderstood sex life in our midst. The biggest bogey that worries the

community is that continence, especially for men, is injurious, and there are many high-minded people who are honestly puzzled on this score. There are certainly enough outstanding men and women in general medicine, in gynecological and genito-urinary fields to make a definite statement that continence is not harmful to youth of either sex, that it does not diminish their procreative power, and is beneficial rather than otherwise to the general health of the individual. The exceptions to this rule fall under definite pathologic groups and should seek proper medical care.

With this central consideration of continence clarified, a constructive program for youth could be evolved. The importance of work, the importance of proper hygiene, sports, outdoor exercise, wholesome amusements. The hope of an early and happy marriage. Along with this every effort should be made by family and the state to improve economic conditions so that youth may realize these ideals. Departments of health should stand ready with every modern means of diagnosis and treatment to aid in the fight against venereal disease when the individual has been exposed to infection. Accurate knowledge of the danger of the venereal diseases should be accessible to all.

But if the focus of attention is away from prophylaxis, promiscuity, and the venereal diseases, and centers in a normal, clean and continent life, youth will gradually learn in increasing numbers that there lies their greatest chance for health and happiness, and then slowly and surely the miseries of promiscuity, venereal disease, and abortion will decline in our midst.

## CERTIFICATES FOR MARRIAGE

HENRY P. TALBOT, M.D.

*Director, Bureau of Venereal Diseases, Connecticut State Department  
of Health*

The state has long had the statutory supervision of marriage. Through its authorized agents it issues licenses to marry. It supplies the certificate forms. It declares who shall perform the ceremony. In fine, it realizes the important contractual aspect of marriage, and to this extent has defined the rules whereby minors may be married.

Further than this the state has found from experience that the intermarriage of epileptics and imbeciles should be restricted. Yet the marriage of epileptics and imbeciles is not more likely to result in tragedy than the intermarriage of syphilitics.

As for the results of Connecticut's law requiring health

examination before marriage, now in effect for more than a year, we must remember the intent is:

1. Education of the public in regard to the nature of the disease syphilis, its methods of spread, probability of transmission to the other marital partner (husband or wife), and syphilis spread to the offspring.
2. A means of postponing marriage between an infected person and another while in the communicable stage of the disease.
3. A stimulus to infected persons who may be considering marriage to go and secure treatment if they have neglected to keep up treatment.
4. To prevent the birth of congenital syphilitic children.
5. To decrease the number of persons, children and adults, who may have to enter mental defective institutions or other institutions because of the effect syphilis has on the central nervous system.
6. To promote marital happiness: During the period January 1, 1936 to December 31, 1936, there have been 14,601 blood examinations done under the law.

A number of physicians having distinctly positive laboratory findings on marriage license cases have been interviewed. The data obtained from these physicians are incomplete, but up to the present time physicians have made over fifty positive diagnoses for syphilis on individuals intending to marry. The sex distribution of these cases has been almost equal. Many persons contemplating marriage who had syphilis have renewed treatment before applying for a license.

The importance of Connecticut's marriage law is shown by data available to the effect that in many of the individuals found with syphilis, they apparently had not realized they had it. Almost all the individuals having positive diagnoses had no knowledge of being infected. Less than ten per cent of those infected with syphilis had knowledge of the infection at the time they applied to a physician for examination and submitted to a blood test. In other words, it would seem that possibly eighty to ninety per cent of the individuals applying for a marriage license and having a positive diagnosis of syphilis had no knowledge of the infection previous to the blood test for marriage license. Many of these individuals would have passed syphilis along to their marital partners as well as to their offspring.

### *Marriage Statistics*

In 1935 there were 12,758 marriages in Connecticut, of which total, 3,305 were marriages between couples both of whom were non-residents of Connecticut. Therefore, about one-quarter of all marriages were for non-resident couples.

The total figures for Connecticut for 1936 will not be available until March, 1937, but the first eleven months there have been 7,347 marriages, among which total there were 1,044 marriages between couples both of whom were non-residents. This is 14 per cent of the total. In 1935 the non-resident couples was 26 per cent, and in 1934, 22 per cent.

To decide the course of any legislation in its first year of operation is a difficult problem. To declare abruptly that the Connecticut marriage law is driving people to other states is not in accordance with facts. There have been 7,347 marriages, affecting 14,694 persons, all of whom are certain that neither is infected with syphilis endangering the other. Any law which has such a widespread guarantee of freedom from the most dangerous of diseases should not only be continued in Connecticut but should be enacted in other states.

## HEALTH EXAMINATION FOR EMPLOYMENT

CHARLES V. CRASTER, M.D.

*Health Officer, Newark, New Jersey*

We are so accustomed to talk about the problem of venereal diseases that we are apt to forget there is such a thing as a solution. Yet a solution has been known to us for years. What we have failed in is the application of the known means of control on anything like a nation-wide scale. I remember reading a poem, *An Allegory of the Centuries*, in which the Spirit of the Nineteenth Century passed to the shades where the other centuries dwelt. On his arrival he boasted of the deeds done in his century. He said:

"I have freed the thoughts of men. They face the facts and know. Their knowledge is common to all. I broke the chains of bigotry and despotism. I made men free and equal."

When questioned closely by the spirits of the other centuries, he finally broke down. "Your shame is already upon me," he said. "My great cities are as yours were. My millions live from hand to mouth. Those who toil longest have least. My thousands sink exhausted before their days are half spent. My human wreckage multiplies."

The statements of the nineteenth century can be little improved for the twentieth. It is now an accepted belief that the control of venereal diseases should be a subject in the

forefront of public health programs today. History is full of the records of ages when syphilis for instance was as common as measles is today.

Ever since the disease became epidemic in Europe during the fifteenth century, when it was spread by the infected soldiers of Charles the Bold of France, syphilis has taken a tremendous toll of men and women, robbing them of their youth and strength and following them with its tortures into old age. The attitude of previous generations was to frown upon all publicity about venereal diseases because of their alleged association with prostitution and immorality. We know now that diseases of this type although basically spread by promiscuous immorality may also have social origins not so classified. There has been a vast network of infection going on through the ages, "the runways of infection," so to speak, so that syphilis has become a hereditary transmission as significant as the bar sinister of heraldry.

"As a menace to the public health, as a peril to the family," said Rosenau in 1927, and "as a menace to the vitality and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues and their prophylaxis the most pressing problem of preventive medicine that confronts us today."

The control of syphilis is still the most urgent problem to be solved, as it was when Rosenau wrote in 1927. Syphilis is now before the bar of Public Health Justice, accused as the "second-story man" of disease, who has worked in the dark and at night to the great damage of society and civilization. The light of the present national campaign of education should bring this criminal out of the lurking shadows where he has been only talked about in whispers and in private.

The press of the country has now come to our assistance in acquainting the public of the danger of the infection and the need for early treatments. In our campaign for discovery and treatment, we know that we must look for a larger incidence of syphilis among certain groups than among the average population. Thus it is assumed that among men of our generation, the average infection rate varies from 2 per cent to 10 per cent.

The second million men in the draft during the World War showed about 1 per cent infection with syphilis (the routine blood test was not used). Later studies of different groups in the general population have shown syphilis as ranging between less than 1 to as high as 20 per cent, the figures being affected apparently by many economic and social factors. Authoritative estimates of syphilis among the whole population of the United States vary from 5 to 10 per cent. Among certain specified groups, the following percentage of infection with syphilis has been found: prostitutes, 25-50; criminals, 16-17; patients in mental hospitals, 10; tuberculous in hospitals, less than 1-10; patients in general hospitals, 5-20; women in prenatal clinics, 2-23 per cent.

To these groups, which I might call "the reservoirs of infection," have been added other groups from time to time, all pointing to a concentration of infection by reason of occupation, habits of life or by social distinctions.

Syphilis among many population groups will never be reported by the physician, for the simple reason that these individuals do not go to physicians for treatment. There is among them, a certain knowledge of treatment passed from person to person, frequently aided and abetted by the unscrupulous pharmacist who cannot resist the opportunity of selling high-priced cure-alls.

As health officials, we cannot afford to wait for education to reach these groups, "Mahomet will not come to the mountain." We must take off our coats, and roll up our sleeves, for an official header into these unknown waters. "Mr. Average Person" may or may not be persuaded, but the members of a suspected group should be required to submit to a blood test by all the means at our disposal if syphilis is suspected as running "foot-loose" among them.

An indication of the general prevalence of syphilis among a population of half a million is shown by the report of the City Serological Laboratory in Newark during a period of five years of Wassermann tests.

	1931	1932	1933	1934	1935	Total
<i>Blood Wassermanns.</i> . . . . .	13,980	7,114	7,801	9,347	14,446	52,688
<i>Positive.</i> . . . . .	2,971	3,318	3,632	4,129	4,513	18,563
<i>Per cent Positive.</i> . . . . .	21.3	46.6	46.6	44.2	31.2	35.1
	1931	1932	1933	1934	1935	Total
<i>Kahn Precipitate Blood Tests</i> . . . . .	23,111	28,971	34,145	36,977	36,249	159,453
<i>Positive.</i> . . . . .	3,276	4,080	4,421	5,637	5,841	23,255
<i>Per cent Positive.</i> . . . . .	14.2	14.1	12.9	15.3	12.5	14.6

Routine smears for gonorrhea taken at the Newark City Hospital for the same five years showed:

	1931	1932	1933	1934	1935	Total
<i>Gonorrhea Specimen</i> . . . . .	3,095	4,776	5,297	5,080	4,525	22,773
<i>Positive</i> . . . . .	198	302	230	304	205	1,269
<i>Per cent Positive</i> . . . . .	6.5	6.3	4.3	5.9	5.2	5.5

Important and somewhat surprising information was obtained in my own city as a result of the bi-annual examination of domestic employees. The majority of these examinations were made at our own clinics. For a period of two years, June 1, 1934, to May 31, 1936:

	Total	White	Colored
<i>Total examined</i> . . . . .	14,397	5,929	8,468
<i>Positive for syphilis</i> . . . . .	2,475—17.1%	277—4.7%	2,199—26%
<i>Positive for gonorrhea</i> . . . . .	343—2.4%	83—1.4%	260—3.1%
<i>Combined total</i> . . . . .	2,818—19.5%	360—6.1%	2,459—29.1%

During the two years among the domestics examined, 14,397 blood tests showed 2,475 or 17.1 per cent positive for syphilis. Among the colored, 8,468 blood tests showed 2,199 or 26 per cent positive.

Among the total 2,475 positive Wassermans, 1,211 were new cases found by this examination. Among the first ten thousand domestics examined there were 1,900 positive Wassermans, 900 of these were from persons under no medical treatment of any kind.

The absolutely unreliable nature of the information given by patients attending venereal disease clinics was shown in a survey during 1934. This was part of a W. P. A. city survey. Among 5,152 visits made to the homes of venereal disease patients, it was found that 50 per cent had given fictitious names or addresses and 5 per cent were living out of town. Among the patients actually located and identified more than half of those claiming to be single, were found to be married, divorced, or separated from husband or wife. In most instances, husbands, wives or children had been exposed to infection from the original case. It is safe to assume that for every person applying for venereal disease treatment to a physician or at a clinic, there must have been at least two or three persons of either sex exposed to infection.

Another group of whom we have some recent information, is the expectant mother. Among the prenatal patients supervised by the Prenatal Clinic at the Newark City Hospital, the following were the results of blood tests for four years.

	Total	White	Black	Positive	
				White	Black
1933 . . . . .	2,193	1,519	674	2.2	11.1
1934 . . . . .	1,658	1,090	568	1.7	11.4
1935 . . . . .	1,595	1,035	560	1.4	12.1
1936 . . . . .	1,563	979	584	1.4	8.0

The necessity among this group of putting positive cases under medical treatment cannot be disputed as it involves the mother and the child to be born.



The prime necessity is to root out the unknown and untreated syphilitic by the wider use of the Wassermann or other blood test. There should be no distinction in our view of venereal diseases from the other contagious infections, smallpox, leprosy, tuberculosis, measles, and diphtheria. The great object to be attained is the prevention of the further spread of these diseases.

The routine Wassermann test should, in my opinion, be more generally advocated in the practice of medicine. No physician can be certain that the patient he is treating for some obscure ailment, is not basically a luetic victim. In our domestic servants' examination, the many thousand of blood specimens taken are first subjected to the Kline precipitation test. Only the positive Kline tests were sent up to the Serological Laboratory for Wassermann confirmation.

There is need at this time for a blood test for syphilis so simple in its technique that any doctor may carry it out in his office. The Kline precipitation test comes nearest to this ideal but although the procedure is simple it still requires technical aptitude in the user.

For the present, we must rely upon group testing, directing such a drive by first taking individuals who by the nature of their occupations expose more generally others to infection. We can divide these groups into the compulsory and the desirably voluntary. The groups that should be required by law to show their freedom from venereal diseases by an adequate blood test, are:

The officers and men of the Army, Navy and Air forces.

Railroad and public service transportation employees.

Commercial air service employees.

Officers and men of the merchant marine.

Employees of private transportation companies. (Taxi-cabs, etc.)

Police, firemen, and other municipal employees.

Domestic servants of all types.

Food handlers.

Hotel and restaurant employees.

Barbers and beauty parlor workers.

The staffs and inmates of all general and special hospitals including insane asylums and mental deficiency homes.

The patients attending all public dispensaries or clinics.

Applicants for children's boarding home licenses.

All children adopted from orphanages.

Applicants for marriage licenses.

The groups where blood testing would be desirable and voluntary:

The students at all universities, colleges and high schools.

All persons applying for life insurance and pensions.

Factory and industrial groups in general.

The subject of chemical and mechanical prophylaxis as practiced in the Army and Navy must be considered as a

subject for general education and advice by physicians for those who might otherwise be exposed to infection. The great detriment in the past to the effective treatment of the syphilitic patient was the cost of medication. The Government is now offering, through the State Health Department, to any physician, free medication for one year of treatment for all reported cases of venereal diseases. This should bring about more continuous treatment for the luetic patient.

I realize that such a wide program of blood testing means a tremendous increase in the demand for laboratory facilities with its attendant costs. But we have a universal infection with unknown and widespread foci. It is only by using a wide dragnet that we can be sure of a good haul. If the physicians and the health authorities, Federal, State and local, will pull together for a general drive against venereal diseases—and there must be no mincing of the methods—we can no doubt duplicate the results obtained in Sweden, where syphilis has become nearly a rare disease. We have the knowledge, the money and the opportunity, let us not fail to grasp it.

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## EDITORIAL

### TWENTY-THREE YEARS OF NATIONAL SERVICE

With the holding of its twenty-fourth annual meeting, the American Social Hygiene Association rounds out twenty-three years of activity as the national voluntary organization for social hygiene. It is a pleasure to publish in this number of the JOURNAL some of the views presented on this occasion, and a brief record of work. May we also take this opportunity to express to our members and old friends, many of whom have been identified with the Association through its entire history, the grateful appreciation of the Officers, the Board of Directors and the staff, for the confidence and support given, and to bespeak continued cooperation. To the many who are just becoming acquainted with our work, may we extend anew President Charles W. Eliot's invitation, which closed his first annual report as head of the Association—

“These being its objects and aims, and its conceptions of public service in the field of social hygiene, the Association invites men and women in every part of the country, who are of this mind, to become members, and to support its work.”

## THE ANNUAL MEETING

The annual meeting of the American Social Hygiene Association was held February 3, 1937, in the Pennsylvania Hotel, New York City.

The general session was held immediately following the annual dinner attended by about three hundred members, delegates and friends of the Association. Dr. George Baehr presided and the program was devoted to presentation of papers and discussion upon three controversial and unsettled questions of procedure and policy relating to the control of syphilis and gonorrhea.<sup>1</sup> These were:

(1) *Commercialized Prostitution and Disease Transmission*, (2) *Prophylaxis as a Factor in Venereal Disease Control*, (3) *Certificates for Marriage and Health Examinations for Employment*. These papers and discussions, printed and distributed through the Journal and reprints, will prove of great assistance in developing practical and constructive community programs not only for the control of syphilis and gonorrhea but for securing results in other fields of social hygiene.

The annual meeting was again held in conjunction with the all-day regional conference of the Social Hygiene Council of Greater New York. This conference comprised nine section meetings, one of which was a luncheon session, the principal speaker being Professor C.-E. A. Winslow, Vice-President of the Association, who gave an inspiring address upon *The Drama of Syphilis*. These sessions were attended by more than 3,000 persons representing every population group and all of the sponsoring agencies.<sup>2</sup>

As the annual meeting this year had been planned to serve as the nucleus for a nation-wide series of regional, state, and community meetings, special addresses by the President, Dr. Ray Lyman Wilbur and the Chairman of the General Advisory Committee and member of the Board of Directors, Surgeon General Thomas Parran were prepared<sup>3</sup> in advance and electrically transcribed to be used as introductory addresses for simultaneous presentation at these meetings. Information was received from sixty of the 400 communities in which meetings were held that these addresses were broadcast over local radio stations. In addition there were a number of regional and National broadcasts by selected speakers for the occasion.

<sup>1</sup> Program, papers and notes filed for reference and publication.

<sup>2</sup> Program and conference notes filed for reference.

<sup>3</sup> Text of these addresses, information concerning the meetings held, and subsequent meetings and activities which have been planned in connection with this first National Social Hygiene Day have been filed for reference.

In connection with the regional conference in New York and the dinner session of the Association, excellent exhibits were presented of unusual merit and originality.

The business session of the annual meeting was also held in the Pennsylvania Hotel; and in accordance with precedent, the members received and adopted the Report of the Board of Directors, including the reports of the standing committees, which reviewed the work of the preceding year. The annual Corporation Report, required by the New York State non-profit membership corporations law, was presented, adopted, and ordered filed. The program and budget for 1937, as recommended by the Executive and Finance committees, and presented for consideration by the Board of Directors, were approved.

The Credentials Committee, which serves during the year as the Membership Committee, reported upon a quorum and recommended certain revisions of membership restrictions and procedures, which were duly considered and adopted. The Resolutions Committee, which serves also throughout the year for consideration of special problems, presented a series of motions and resolutions bearing upon various matters of procedure and policy. These were adopted. The Nominations Committee, which likewise serves throughout the year for consideration of personnel questions, presented the following list of officers and Board members for election:

*Honorary President:*

Edward L. Keyes

*President:*

Ray Lyman Wilbur

*Vice-Presidents:*

C.-E. A. Winslow

Albert J. Chesley

Elizabeth Campbell

John H. Musser

*Treasurer:*

Timothy N. Pfeiffer

*Secretary:*

Mrs. Henry D. Dakin

*Chairman of the General Advisory  
Committee:*

Thomas Parran

*Board of Directors:*

For the term ending December 31, 1937—

George Baehr

Charles H. Babcock

Mrs. Theodore M. Edison

For the term ending December 31, 1938—

Lawrence B. Dunham

For the term ending December 31, 1939—

Maurice A. Bigelow

John M. Cooper

Mary S. Gardner

E. Granville Crabtree

James R. McCord

Bailey B. Burritt

This report was unanimously adopted. An appropriate resolution recording the deep sense of loss of the members of the Association occasioned by the deaths of Dr. Frances L. Bishop, Professor Herbert L. Shenton, and Mrs. Alice Davis Menken was adopted.

While no new business was formally presented the members gave special consideration to the need for active cooperation with the public health authorities of the country in translating into action under the leadership of Surgeon General Parran, the programs approved at the recent national Conference on Venereal Disease Control Work, called by the Public Health Service in Washington, D. C., December 28-30, 1936. The Board of Directors and the general officers were requested to concentrate upon these medical and public health aspects of social hygiene while at the same time doing everything possible to preserve and encourage growth of the educational and protective aspects of the work.

The following brief abstracts of various reports indicate items in which the members present were most interested:

*Membership Corporation Report:* As of December 31, 1936, personal property of the Association,—securities \$1,448.00, cash \$17,421.99, total inventory value of all personal property, \$18,869.99; real property, none. Amount of property acquired during the year, \$77,267.38; amount applied, appropriated or expended, \$64,566.48 (exclusive of direct payments by other agencies and deferred expense on uncompleted projects, etc.). Number of new members, 657.

*The Treasurer's report* indicated that the net worth or surplus of the Association, as of December 31, 1936, was \$1,391.13. As the Association had started the year with a potential deficit of \$14,799.57, the members of the Association present passed a special motion commending all those who had participated in bringing about this result.

*Report of the Board of Directors:* The usual documents assembled for reference included, (1) Reports of the Executive Committee, (2) Reports of the Finance Committee, (3) Minutes of the Board of Directors, (4) Supplemental reports and papers pertinent to the acts and activities of the Association during the year.

The past year was described as one of continued adjustment and concentration of activities largely upon the public health and medical aspects of social hygiene. The reports of the Treasurer, the Finance Committee, and the Executive Committee were reviewed in relation to bringing the budget of the Association into balance as of January 1, 1937.

For the year 1937, the Board announced its intention to carry on a program under the estimated minimum income, and to extend the work in approved directions as supplemental funds are assured. Special reference was made to the last annual report of the Board (January 15, 1936) in which was stressed the importance of receiving from the membership comments or instructions regarding the desirability of making further attempts to transfer the Association to the status of a major division of some inclusive national health agency such as, for example, the National Health Council. Since the last meeting, both the Directors of the Council and of the Association

have concluded that little progress can be expected in this direction for some years owing to the difficulties and uncertainties which are inherent in this problem. Accordingly, the Board expressed the belief that the Association should continue as an independent national body, seeking direct affiliation and cooperative relations with other national agencies and with state and local organizations in the interest of the social hygiene movement. In recommending this course, however, the Board did not suggest any revision of the action favoring the ultimate building up in this country of a national voluntary health agency which shall include in some organic divisional relationship all the essential national voluntary health activities.

The Board announced that it had requested the Executive Committee and the Finance Committee to give careful study during 1937 to recommendations for a nation-wide program of cooperation and affiliation with state and local voluntary agencies doing social hygiene work and an effective plan for financing at least the established field activities, publications and consultation services by state and local contributions.

The special-project activities of the Association during the past year were reported as having been supported from large contributions and direct payments by other official and voluntary national agencies. In 1937, the Board again recommended that activities of this character be at least partly supported from such sources.

In conclusion, attention was called to the uniform excellence of the service rendered by every member of the staff.

*The Executive Committee* and the *Finance Committee* reports, accompanied by supporting documents and report of the General Director, served as the basis for adopting the program and budget indicated in the following outline:

**PROGRAM FOR 1937:** Changing conditions during the past year and the enactment of the National Security Act, including its appropriations to the United States Public Health Service and the Children's Bureau for research and aid to the states in improving health and welfare, have brought encouragement and renewed activity of health authorities in planning and working for syphilis control and combating gonococcal infections. These make it possible and desirable to review and revise the Association's program under the following general headings. It is proposed that the details of the program be finally reported upon at the first quarterly meeting.

*General Program:*

1. Concentrate on general extension of popular understanding and support of the approved national program of medical and public health procedures for control of syphilis in cooperation with the United States Public Health Service, the United States Children's Bureau, and other national governmental and voluntary agencies.
2. Continue to assist in the building up and organization of local and state citizen support of official health department programs for combating syphilis and gonorrhea.

3. Prepare practical information regarding the nature, prevention, and treatment of syphilis and gonorrhea for national, state and local use by voluntary agencies.

4. Provide field services of staff for assisting professional and lay organizations in their social hygiene programs.

5. Undertake a special campaign for more members of the Association, and for a larger number of small contributions.

#### *Special Projects:*

1. Encourage and cooperate in a series of selected studies and demonstrations of ways and means for effective dealing with prostitution and its relations to community welfare and public health.

2. Continue studies of mass education methods; and promote other projects relating to sex education, preparation for marriage and family life, and family counseling.

3. Promote further study of the control of gonorrhea and gonococcal infections, as a major medical and public health problem.

### BUDGET FOR 1937

#### **I. FOR MINIMUM REQUIREMENTS—(\$100,000)**

##### **Personnel—(\$53,600)**

(1) Directors, Associates, and Consultants.....	\$36,500.00
(2) Secretaries and office assistants.....	8,600.00
(3) Special Consultants. . . . .	8,500.00

##### **Rental and General Office Expense—(\$10,000)**

(1) Rental (including light and special service).....	\$6,750.00
(2) Telephone, telegraph, messenger service.....	900.00
(3) Postage, correspondence, supplies.....	1,200.00
(4) Shipping and minor office expenses.....	1,000.00
(5) Miscellaneous expense.....	150.00

##### **Information and Publications Service—(\$10,000)**

(1) Journal of Social Hygiene.....	\$4,000.00
(2) Social Hygiene News.....	1,000.00
(3) Pamphlets and books.....	600.00
(4) Mimeographed and leaflet material.....	500.00
(5) Exhibits and related supplies.....	1,200.00
(6) Films, talking-slide films, and repairs.....	1,500.00
(7) Promotion and incidental expense.....	1,200.00

##### **Field Expense—(\$10,000)**

(1) Activities in Public Health and Medicine.....	\$3,000.00
(2) Activities in Legal and Protective Measures.....	3,000.00
(3) Activities in Education and Publicity.....	1,500.00
(4) Community Organization and Promotion.....	2,500.00

##### **Cooperative Projects—(\$16,400)**

(1) New York Health Department.....	\$1,000.00
(2) United States Public Health Service.....	2,000.00
(3) San Antonio Citizen Group.....	1,000.00
(4) Columbia University, Teachers College.....	1,000.00
(5) National Health Library.....	500.00
(6) National Health Council Group.....	500.00
(7) American Neisserian Medical Society.....	500.00

(8) Cooperative activities with other agencies.....	1,000.00
(9) Regional Social Hygiene Conference Series.....	2,400.00
(10) New York City World's Fair Project.....	500.00
(11) International Relations and Activities.....	1,000.00
(12) Other projects, subject to final approval during the year.....	5,000.00

## II. FOR RESTORATION OF DIVISIONAL SERVICES—(\$100,000)

(1) Personnel for law enforcement and educational field workers..	\$30,000.00
(2) Travel expense.....	12,000.00
(3) Office facilities and rental.....	2,500.00
(4) Postage.....	5,000.00
(5) Other office expense.....	2,500.00
(6) Printing.....	20,000.00
(7) Visual education material for social hygiene.....	10,000.00
(8) Unassigned fund for supplementing above as required.....	18,000.00

## III. FOR SPECIAL PROJECTS—(\$100,000)

(1) Initial expense and underwriting of health and medical co-operative activities in strategic centers in various parts of the country.....	\$30,000.00
(2) Legal and protective measures studies and demonstrations....	20,000.00
(3) Special publicity, news and magazine service.....	25,000.00
(4) Supplemental expense for temporary increases in field service and continuing budget items.....	15,000.00
(5) Emergency reserve purposes.....	10,000.00

<b>Total budget needs, 1937.....</b>	<b>\$300,000.00</b>
--------------------------------------	---------------------

In presenting these program and budget matters the Executive Committee stated that the program had been built up on the basis of minimum requirements of \$100,000 and two supplemental units of \$100,000 each if the funds can be secured. The Finance Committee concluded its report as follows: "The Committee joins the Executive Committee in recommending a minimum program budget of \$100,000 with additional units of approved activities which would call for increasing of the budget to a total of \$300,000. With the approval of the Board, the Finance Committee proposes to keep in mind this \$300,000 objective as a desirable goal in fund-raising during 1937." The following paragraphs from the General Director's report, December 18, 1936, bear upon the recommendations of these committees: "The Executive Committee decided to recommend \$100,000 as the minimum budget objective for 1937 activities, and gave instructions to the General Director to work out the details for report. This has been done, and there are attached a program outline and a related budget statement. It is desired to point out, however, that the coming year is unusually important to the social hygiene movement. If the Finance Committee could devise ways and means of securing \$200,000 or preferably \$300,000 annually for a series of years, the Association could parallel in the voluntary field what is expected officially under the provisions of the Social Security Act from the United States Public Health Service, the Children's Bureau, and other Federal agencies. The first \$100,000 is essential to continue the established Clearing House Activities, the Field Consultant Services, and the



Publications and Information Service required by the state and local societies and affiliated bodies. The second \$100,000 would enable the Executive Committee to recall from the various positions for which they have been released or assigned to other agencies, the trained personnel so greatly needed to keep up with current demands made upon the Association; and would supply the necessary travel expense and field equipment of exhibits, talking slide films, motion picture films, posters and reading materials. The third \$100,000 would supply the special project subsidy funds with which to stimulate initiation of local activities, demonstrations of new methods, and additional studies for which public funds are not available, but the results of which would lead to the increase and improvement of permanent official social hygiene work.

"The General Director, speaking for the staff, desires to convey to the members of the Board of Directors the deep conviction that the social hygiene movement was never more vital to progress in civil life in America; and that irrespective of present personnel, the strongest possible staff should be selected for 1937 and future years to carry forward the voluntary program as an indispensable complement of the rapidly growing official programs in the states and nation. The General Director cannot commend too highly the spirit and cooperation of the present staff and those who have been transferred to other temporary or permanent activities. Under the leadership of a strong, representative, and active board of directors and committees, the staff may be counted on to do its utmost to make the year 1937 the most notable in the Association's lengthening series of worthwhile contributions to human health and welfare.

"The Social Security Act has provided for annual appropriations to the United States Public Health Service, the Children's Bureau, and other administrative units of the Federal Government, significant parts of which appropriations may be allotted to syphilis control, the study and treatment of gonorrhea, and other activities in the field of social hygiene, *if* widespread public interest and support can be aroused in 1937, when approximately forty state legislatures will be in session, and can make provision for the necessary state and local funds to match the federal subsidies and encourage Congress to continue and expand this new and wise policy of participating with both money and personnel in united action of community, state and nation, without lessening local initiative and responsibility. In bringing about such results in its particular field, the American Social Hygiene Association has potentially a great part to play; and has the cordial good will and support of the Government services and other voluntary agencies in playing it. It cannot meet this challenge without adequate funds. Nineteen thirty-seven would seem to be a test year, as was nineteen seventeen. Whether we rise to meet our opportunity now to aid the health and medical professions who are enlisting under Surgeon General Parran's leadership for the control of syphilis and gonorrhea for the protection of civilians—as twenty years ago we threw our personnel and resources into a similar battle for protection of soldiers and navy men—depends on how clearly we visualize what is going on and tell the members and friends of social hygiene what is

expected of them and other leaders in their respective communities throughout the nation.

"While it seems important once more to concentrate attention and effort on the medical and public health division of the Association's work, there should be no lessening of our determination to continue the established educational and protective divisions of the Association's program and participation in other special projects related to it. Education is the method by which we may expect ultimately to make permanent gains through promotion of normal unaffected attitudes and practices in relation to sex, in the same way that progress has been made toward popular understanding of what is healthy and natural in the biological functioning of other parts of the body. Equally important is the protection of environment against the harmful exploitations of sex—especially organized commercial practices which seriously damage the ideals and character of youth and expose the victims, old and young alike, to infections, functional disturbances and emotional ills with tragic consequences to both individuals and society.

"The problem of the social hygiene movement for the next ten years is first, to support health officers, physicians, and the cooperating professions while they control and reduce the prevalence of syphilis and gonorrhea; second, to aid the educational forces and environmental safeguarding agencies to build up effective permanent programs for preventing new exposures. In their broader aspects, of course, these latter activities in the decades to follow will be of inestimable value if steadily developed now on the foundation which has been laid in past years."

*The membership requirements* were revised upon recommendation by the Committee on Credentials as follows:

"The Committee recommends that the restrictions hitherto applying to publishing or making public the membership of the Association be removed or at least modified to the extent of permission to report names and addresses of members, officers and committee membership to affiliated and cooperating state and local agencies. The Committee, after making various inquiries during the past two years, believes that such action is now advisable."

"The Committee recommends that membership qualifications be defined or interpreted in future as assuming the eligibility of any citizen or other person interested, unless information is received in advance of action on an application which in the judgment of the Committee makes declination or postponement desirable." The Committee also reported an encouraging increase in new members and in the return to active status of old members during the past year. It was noted that the membership still stands above ten thousand, representing every part of the United States, and including in the total persons residing in nearly every foreign country.

*The Report of the Committee on Resolutions*, in addition to its general content, included the following resolutions:

1. **RESOLVED:** That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

2. **RESOLVED:** That the authority granted the Board of Directors and its committees under the resolutions adopted at the annual meeting January 15, 1936, relating to study and action leading to possible mergers, reorganization and revision of plans for administration of the Association be continued for the year 1937.

3. **WHEREAS,** there is continued evidence of increasing failure of local governments to deal effectively with prostitution and the conditions which lead to prostitution; and

**WHEREAS,** there are few, if any, state or federal official agencies which stimulate and assist their local governments to grapple with these evils in the same manner in which state health departments stimulate and assist local health departments in their fight against the venereal diseases; and

**WHEREAS,** there is a growing feeling of frustration in the minds of many good citizens in such communities because of these failures, and an increasing disposition to favor the adoption of a system of licensed or tolerated and regulated prostitution in spite of the rapidly diminishing support for such a system in the foreign countries where it originated;

Therefore, Be It **RESOLVED** that: The American Social Hygiene Association at this the twenty-fourth annual meeting of its members, reaffirms the judgment which resulted from the original studies of prostitution in this country and all subsequent studies which have been made here and abroad,—namely, that commercialized prostitution is an unmitigated and unnecessary evil; that this evil has been and can be greatly reduced in this or any other country by educational, social, and legal measures; that neglect of or indifference to this evil carries in its train such serious damage to the health and welfare of our people that no state or national government can afford to ignore it.

4. **RESOLVED:** That social hygiene education, including sex education and education and training for marriage and parenthood is an essential part of education for life and citizenship in the United States; and should be developed properly and incorporated in the permanent educational program of public and private schools, colleges, and teacher-training institutions.

**RESOLVED,** further: That social hygiene agencies should emphasize the promotion of these broad educational objectives and encouragement of related and supporting programs for protection of community environment and social activities, while continuing cooperation to the fullest extent in the medical and public health phases of the movement.

5. WHEREAS, hundreds of organizations and many thousands of individuals have planned meetings today or in the near future—(1) to review social hygiene progress made in the communities, states, and the nation; (2) to explain and discuss the measures approved at the recent Conference on Venereal Disease Control Work, called by Surgeon General Thomas Parran of the United States Public Health Service; (3) to study practical adaptation of these measures to local needs and conditions; (4) to offer active and continuing support and encouragement to their public health officials and the medical profession in taking the next steps indicated by the Conference; (5) under proper advice and guidance, to participate in disseminating information upon practical social hygiene problems throughout the year; (6) to plan support for necessary appropriations, legislative measures, and regulations related to the above purposes; and (7) to plan for subsequent study of ways and means for promoting educational, legal, and protective measures which are essential to the development of the broad field of social hygiene as an influence in individual and community health and welfare; and

WHEREAS, the members of the American Social Hygiene Association are deeply appreciative of these efforts and activities;

Therefore, Be It RESOLVED that: The greetings and thanks of the national Association be conveyed to all such individuals and groups and that the facilities and cooperation of the Association be extended to them in relation to follow-up activities in which they may severally engage.

It was evident throughout the regional conference and the annual meeting session that members, delegates, and friends believe that it is highly important to develop a vigorous, well-planned, nation-wide effort in 1937 to stimulate local volunteer work correlated with and supplementing public health and medical activities for the control of syphilis and gonorrhea. It was also evident that many members attending the annual meeting in New York, and many of the members who attended the other meetings throughout the country, are seriously concerned over the danger of losing ground or at least of impeding progress in the fields of sex education, training for marriage and family life, protection of environment, and other activities in the field of social hygiene which must depend upon uninterrupted work now in order to secure highly important results in future years. The officers and Board of Directors of the Association are faced with great difficulties in attempting to keep all these activities going; but they have unquestionably the good will and earnest support of the membership of the Association in attempting to do so.

The annual meeting was finally adjourned at 11.15 p. m. The new Board of Directors in a brief meeting requested the continued service of the existing membership of the several standing and special committees until its quarterly meeting in April when recommendations for the 1937 personnel could be presented by the President in consultation with the newly elected Chairman of the General Advisory Committee, and the Committee on Nominations.

# Journal of Social Hygiene

## Social Hygiene Day Number

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Second National Social Hygiene Day  
February 2, 1938

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MARCH, 1937

NO. 3

## Social Hygiene Day Number

THE FIRST NATIONAL SOCIAL HYGIENE DAY  
FEBRUARY 3, 1937

JEAN B. PINNEY

*Associate Director in Charge of Public Information and Extension  
American Social Hygiene Association*

More than five hundred meetings, a hundred and thirty-five radio talks and a flood of newspaper and magazine publicity were the outward signs of public response to the Association's proposal made last Fall that a special time should be set aside for community consideration of social hygiene problems, especially the campaign against syphilis. From Maine to California, from the Gulf of Mexico to the Canadian border—and even across it into the provinces—the idea fired general imagination and resulted in one of those wholehearted outbursts of genuine enthusiasm to which the American public occasionally gives itself.

The full story of the First National Social Hygiene Day would fill a sizeable volume. This reporter will try merely to present a bird's-eye view of the background and the events which went to make up this nation-wide program, and to take a look forward towards the end results. Those of our members and friends who wish to have further details are cordially invited to visit the Association's office and inspect the voluminous correspondence, the thousands of newspaper and magazine clippings and the many interesting narratives which make up the complete report.

*A "Stay-at-Home" Annual Meeting*

The idea of a National Social Hygiene day grew out of experience with many regional meetings in all parts of the country. Following the Association's Annual Meeting and the Fourth Annual Regional Conference of the Social Hygiene Council of Greater New York, held on January 15, 1936, the Committee responsible for steering this highly successful series of New York conferences received a report from its Secretary, Dr. Jacob A. Goldberg, upon the unusual number of inquiries from other parts of the country concerning the New York program. The American Social Hygiene Association confirmed this experience in regard to its Annual Meeting. Many Association members and executives of state and local social hygiene societies had written that they wished they might attend but were prevented by pressure of local work and by budgets shorn of travel expense.

The suggestion was made—"Why not propose to these groups in other cities that next year they hold Regional Conferences simultaneously with the New York Conference?" Members of the national Association could be drawn into these conferences, programs comparable to that of the parent organization could be worked up and a sort of "stay-at-home" annual meeting could thus be held all over the country which would allow participation in the national program by Association members and friends, stimulate local discussion of social hygiene questions, bring in new interests, and perhaps serve as a peg on which to hang considerable public information through the newspapers and magazines.

The Committee approved and the National Association liked the idea. The taboo on public discussion of syphilis and gonorrhea seemed about to relax to some extent. The *Chicago Sunday Tribune* and the *New York Daily News* had recently published special series of articles on syphilis and gonorrhea which had met with wide approval. Other newspapers were following suit. It was known that Surgeon General Thomas Parran, just appointed to head up the United States Public Health Service, would be glad to see a project of this kind undertaken by voluntary agencies to back up the government campaign. Other circumstances indicated that the time was ripe to launch a national educational effort.

To find out what other groups thought, the Association invited Dr. Goldberg to discuss this proposal with social hygiene societies, health associations, health officers, and physicians at stops en route to the Pacific Coast. The response was immediate and unanimous. Agencies and individuals hailed the idea and were eager for action. Dr. Goldberg returned to New York with the assurance of a dozen or more conferences to parallel the New York meeting, and the Association commissioned him to work from the national office in building up these programs. After further correspondence, the date of Wednesday, February 3, 1937, was selected for the New York Conference and the Association's Annual Meeting, with the suggestion to other groups that they suit their convenience if this time was not a good one. The project named itself National Social Hygiene Day by



popular acclaim. Before the Committee in charge had decided what to call it correspondents and visitors were referring to it in that way, and so it was let to stand.

Meanwhile, during the summer of 1936 Dr. Parran had fired the first broadside in his campaign against syphilis, through articles in the *Survey Graphic*,\* and the *Reader's Digest*, and was preparing to issue an invitation to health officials and social hygiene executives to attend a Conference in Washington around Christmas time to talk over plans for state and community work in combating the venereal diseases. Public interest seemed to be growing. The *Digest* reported more requests for reprints of the Parran article, with one exception, than for any other reprint published. More newspapers were swinging into line with editorials, feature articles and news stories frankly discussing syphilis and gonorrhea. Health departments were seeking funds available through the Social Security Act for venereal disease control, and state legislatures were matching the appropriations secured. The Christmas Conference when held drew nearly a thousand delegates instead of the two hundred originally planned on, and returning home these delegates found the newspapers had kept pace with the doings at Washington and that the general public was informed and ready to work with them.

Other agencies and communities seized hold of the suggestion for a special social hygiene occasion with enthusiasm equal to that of the social hygiene societies. Before the first letters tentatively outlining the plan were in the mail to all of those from whom advice was sought, inquiries began to pour into the national office. The import of most of these communications was essentially the same,—brief and to the point—"We want to join in observing this occasion . . . What kind of a program shall we have? . . . Where can we get speakers? . . . Outlines for talks? Literature for distribution? Films? Exhibits? Please let us hear from you at once." Every mail brought new requests. By the first of January it was apparent that National Social Hygiene Day was going to be a landslide.

### *Regional Conferences*

The original plan was for a dozen or so Regional Conferences in different parts of the country. When the returns were in, cities reporting on such Conferences were, in addition to the New York Conference, Los Angeles and San Francisco, California; Washington, D. C.; Atlanta, Georgia; Chicago and LaSalle, Illinois; Topeka, Kansas; New Orleans, Louisiana; Virginia, Minnesota; Bergen County (72 local health units) and Monmouth County, and the communities of East Orange, Elizabeth, Phillipsburg and Point Pleasant, New Jersey; Albany, Buffalo, Rochester, and Utica, New York, and Salt Lake City, Utah, a total of twenty-one. In most of these communities established social hygiene societies existed or other agencies were qualified to conduct social hygiene programs. For the most part the sessions ran through a day or more and drew attendance from a surrounding area.

\* *The Next Great Plague to Go*, published in the July *Survey Graphic* and reprinted in condensed form by the *Reader's Digest* in the same month.

In point of numbers, at least, the New York Regional Conference headed the list, with an attendance of more than five thousand social workers, educators, clergymen, physicians, nurses and interested laymen and women. The Association's Annual Dinner, held on the evening of the same day, attracted an additional group of several hundred. In proportion to community population Utica and Albany, New York, seem to have achieved peak attendance. The two-day



A NEWSPAPER CARTOON

One of several published by the *Fort Wayne (Indiana) News Sentinel*, together with editorials, special articles and news stories, calling attention to Social Hygiene Day.

conference held in Utica on February 3 and 4 under the slogan *Utica Joins the Nation-wide Movement for Syphilis Control* drew an audience of 1,900 from a community of 150,000. In Albany, Governor Herbert H. Lehman addressed a huge mass meeting as the climax of a two day conference attended by 2,500. Both of these events, with other meetings in Upstate communities—18 in all—were sponsored by the New York State Health Department and the New York State Committee on Tuberculosis and Public Health in cooperation with local social hygiene committees and other agencies.\*

New Jersey has high score for the number of meetings held, with a total of five regional conferences and over a hundred community and special group meetings. (See pages 159 and 181.) In this state also voluntary and official agencies joined in sponsoring and promoting these events, the State Health Department and the New Jersey Sanitary and Health Association being chiefly responsible.

Among the unique and effective projects was the state-wide publicity program of the Massachusetts Society for Social Hygiene, with which the State Department of Health cooperated. Centered around the newspapers and radio, with rousing meetings at several strategic points with the state, and displays of literature and graphic material, this program resulted, according to the Society's report (see page 154) in a new social hygiene consciousness among the general public, and an influx of inquiries and requests for information and advice.

A number of social hygiene organizations held their annual meetings and election of officers on Social Hygiene Day, among these groups being the Georgia Social Hygiene Council, The New Orleans Social Hygiene Association, the Social Hygiene Committee of the San Francisco Health Council, the Kansas City Social Hygiene Society, and the Robinson (Illinois) Social Hygiene Committee. Other groups, among them the Social Hygiene Society of the District of Columbia, held a general conference of society members, most of whom before or after participated in numerous meetings of special agencies and groups. In San Antonio Major Bascom Johnson, Associate Director of the Association, organized a "flying squadron" of speakers, including himself, who went from meeting to meeting addressing various groups and showing *For All Our Sakes*.

### *Community Meetings*

While the Regional Conferences led the way in size of audiences and scope of programs the events known as Community Meetings rivalled them in many ways. For such meetings a short program had been suggested to include one session, to last from one to two hours.

Typical schedule:

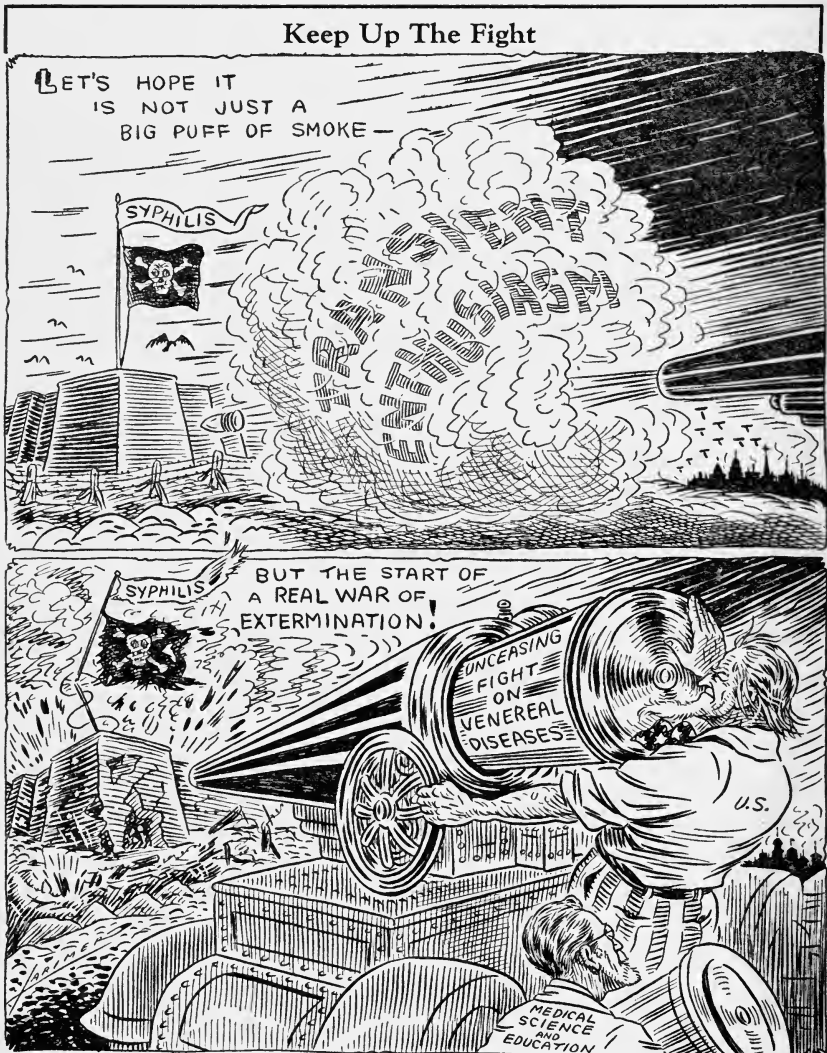
1. Brief statement by Chairman concerning *Social Hygiene Day* and the purpose of present meeting.
2. Showing of talking slide film *For All Our Sakes* (30 minutes).
3. Discussion of local social hygiene conditions led by City Health Officer, with various community leaders presenting different community aspects.

\* Similar conferences are to be held in Auburn and Ithaca within the next month.

4. Conclusions by Chairman with discussion and adoption of resolutions.

5. Organization of follow-up committee and activities.

One hundred and twelve communities held meetings along this line or had other suitable programs. The range of topics and speakers and the variety of agencies cooperating are indicated by the tabulated list (page 173) and the excerpts from programs and comments (page 139).



**ANOTHER OF THE FORT WAYNE SERIES**

Published here particularly because of its trenchant significance. Since Social Hygiene Day the *News-Sentinel* has been of great help in keeping up the campaign for public education, one development of which has been the organization of the Fort Wayne League against Venereal Diseases.

*Special Group Meetings:*

Clubs, church agencies and other special membership organizations were quick to seize upon the opportunity for presenting social hygiene to their groups. Most of these were approached through the national organizations of which they are a part. The national agencies co-operated by mailing notices and materials to the state and local branches or by sending in to the Association's offices the names of persons to be addressed.\* Outstanding among those reached in this way were the church groups, The Federal Council of Churches of Christ in America contributing its list of 9,500 ministers who were written and sent materials. This resulted in numerous sermons from the pulpit, special talks by church leaders, other similar events. Other groups giving especially active response were the men's service clubs, Lions, Kiwanis and Rotary. Women's clubs, parent-teacher associations, and Civitan Clubs also cooperated. Among professional groups the county medical societies, the state medical associations, the state and community nursing organizations, health councils, tuberculosis and health associations and other similar agencies led in promoting programs.

Many interesting accounts have been received of meetings in rural areas. One of these was in St. Joseph, Missouri, where a group of 25 farmers' wives, asking for further materials, reported that they held their first meeting with one copy of the *Reader's Digest* article as a basis for discussion. In Vermont a state-wide program was sponsored by the Parent Education Division of the Works Progress Administration working with the State Department of Education. Parents' clubs and other clubs throughout the state held meetings, radio talks were given over several Vermont broadcasting stations and a large quantity of educational literature was distributed.

The reports received in the national office on these regional conferences, community meetings and special group gatherings, without exception, indicate a vigorous interest and a determination that this First National Social Hygiene Day is only a beginning.

*Equipping the Program-Makers*

"Tell us what to do and how to do it" was the universal cry from communities and groups eager to observe Social Hygiene Day.

\* National organizations cooperating in social hygiene day activities include: American Legion, American Medical Association, American Nurses' Association, American Pediatric Association, American Public Health Association, American Student Health Association, American Youth Commission, Association of Women in Public Health, Federal Council of Churches of Christ in America, General Federation of Women's Clubs, Maternity Center Association, Medical Women's National Association, National Committee for Mental Hygiene, National Conference on College Hygiene, National Conference of Social Work, National Congress of Parents and Teachers, National Council of Parent Education, National Council of Women, National Council, Protestant Episcopal Church, National Girls' Work Council, National Health Council, National League for Nursing Education, National Organization for Public Health Nursing, National Probation Association, National Social Work Council, National Society for the Prevention of Blindness, National Tuberculosis Association, United States Children's Bureau, United States Public Health Service, United States Social Security Board, United States Works Progress Administration.

Towards answering this demand the Association turned all its resources of staff and materials. The October number of the JOURNAL OF SOCIAL HYGIENE was given over entirely to a practical discussion of program organization methods. Dr. Goldberg, drawing upon his experience of five years with the New York Conference, prepared a helpful article entitled *How to Organize a Social Hygiene Regional Conference*, which was widely distributed through the JOURNAL and reprints. The experience of other established social hygiene groups was utilized and their recent programs reprinted for wide distribution. Among these were the Social Hygiene Week conducted last November by the Missouri Social Hygiene Association of St. Louis, and Regional Meetings which had been held recently in Syracuse, Buffalo, in Kansas City, Chicago and other communities. The *Social Hygiene News* was devoted for several months to the interests of Social Hygiene Day. Preliminary announcements were made in the October and November issues; the December number was devoted entirely to a description of materials available for program use and suggestions as to the programs themselves, and the January and February issues were prepared with a view to useful distribution at the meetings. Editions of 50,000 copies were struck off and were provided to other national organizations cooperating as well as mailed directly from the Association's office.

In addition to this wholesale guidance material the staff prepared a Social Hygiene Kit containing samples of literature available for free distribution and sale, outlines for addresses and radio talks, suggestions for local newspaper publicity and full information as to graphic material. These were furnished without cost to agencies planning meetings. The Association's stock of motion picture films was soon booked up and the new talking slide film *For All Our Sakes* was in heavy demand. A special disc record, *A Social Hygiene Message to All Americans*, reproducing talks by Dr. Ray Lyman Wilbur and Dr. Parran, was prepared and offered free of charge to groups wishing to use it on Social Hygiene Day.

The two last named pieces of mechanical equipment helped many groups, which otherwise might not have been able to obtain speakers, to have authentic addresses on this occasion. The Service Clubs were particularly active in requesting the record. A copy was sent to each State Health Officer and many of these were made available by the recipients to state and local meetings. This record was also broadcast on or near February 3rd by over 100 local radio stations as later reported. Since many of the state and city health officers owned copies of the talking slide film they were able to supply this production to local groups to some extent.

In addition to the material provided for advance local publicity in the newspapers the Association prepared a large poster reproduced from a cartoon by C. D. Batchelor of the *New York Daily News* staff entitled *The Ice Pack Breaks Up*. This was distributed free of charge and was widely used. The poster size set of charts enlarged from the zincograph illustration in Dr. Parran's *Survey Graphic* article, *Why Don't We Stamp Out Syphilis?* was popular

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\* 1937 Pulitzer prize-winner.

as were other charts and exhibits regularly distributed. Special exhibits were prepared for several groups, including the New York Regional Conference and the Association's Annual Meeting, where a comprehensive collection, geographically classified, was shown of the newspaper and magazine articles recently published. Other exhibits, such as those recently prepared by WPA artists under the auspices of the New York State Department of Health and the New York City Health Department were shown at various meetings.

To supplement these materials the Association provided for all meetings, for free distribution, special pamphlet material, reading lists of books and pamphlets, and return registration postal cards which provided opportunity for audiences to request further materials and information. That interest was not purely transitory is shown by the number of these cards which are daily received in the national office requesting further material and information concerning the association's work.

### *The Press and the Radio*

The newspapers and magazines—as with the Christmas Conference—recognized that National Social Hygiene Day was “spot news” and responded enthusiastically to the opportunity presented. Newspapers in all parts of the country utilized the news releases sent out from the Association's office or printed material prepared by their own staffs. Editorials, feature articles, news stories in prominent positions with bold headlines have been the rule before, on and since Social Hygiene Day in publications in every state of the nation, and even in the Island possessions,—a ringing editorial appearing in *The Honolulu Star-Bulletin* (Jan. 15, 1937).

With the majority of newspapers in the country represented it is scarcely fair to single out any for special mention but particularly outstanding were the following (in addition, of course, to the great New York dailies which for some time have joined actively in the crusade against syphilis): *The Fort Wayne* (Indiana) *News Sentinel* which on several days published not only editorials and news accounts but a particularly good series of cartoons. Selections from the issues of February 2 and 5 are shown on pages 108 and 110; *The Philadelphia News*, which published in January and February a series of informative articles by a staff writer, Dorothy Love; the *San Francisco News*, a series of interesting case stories of syphilis patients in clinics, by a staff writer, Betty Ballantine, Dr. J. C. Geiger, City Health Officer, and Dr. I. M. Stanley, resident doctor at San Quentin Prison. The *News* and the *San Francisco Herald Examiner* also published other feature articles on *Treatment and Diagnosis of Syphilis*, facilities available for treatment and of course news stories of the Social Hygiene Day event.\*

The major news associations also have shown evidence of their more liberal attitude toward frank discussion of venereal diseases. Howard Blakeslee, science editor of the Associated Press, wrote a half-column article which appeared in hundreds of newspapers

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\* Many papers printed syndicated columns by Dr. Iago Galdston, James E. Tobey and other writers.



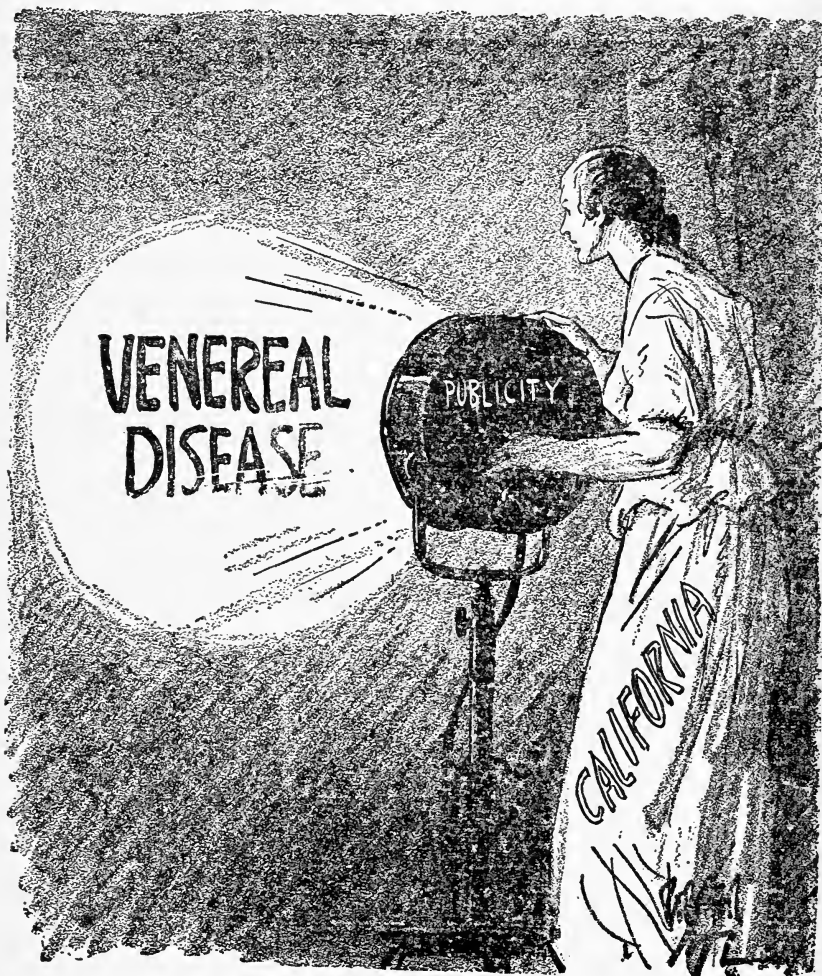
throughout the country on Social Hygiene Day. The United Press has reported news about syphilis frequently. Special credit should be given to the Scripps-Howard papers for the helpfulness of their science editor, David Dietz.

As for magazines, the weekly news periodicals, *Time*, *Literary Digest*, *News-Week* and others followed up their accounts of the Washington Conference with other special articles based on Social Hygiene Day. The *New York Woman*, a new periodical with a circulation of around 90,000, published an article two pages in length

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CLEANSING LIGHT!      =      =      =      =      By Rodger

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IN A CALIFORNIA NEWSPAPER

A cartoon appearing in the *San Diego Sun* (March 2), helping along California's efforts to secure public discussion and action concerning syphilis and gonorrhea.



in its issue of February 3rd.<sup>1</sup> The *Woman's Digest* reproduced in its February issue a medical article appearing in the December number of the *National Parent Teacher* by Dr. Valeria H. Parker. Nineteen of the standard family and home magazines carried the Metropolitan Life Insurance Company's monthly advertisement, dealing, for the third time in the past few years, with syphilis. The advertisement was entitled *The Great Imitator* and carried an announcement of plans for Social Hygiene Day with a note to write to the Association for further information, which brought more than a thousand requests. The *Reader's Digest*, continuing its efforts, announced the publication in its March number of an article, *Combatting Early Syphilis*, by Dr. John H. Stokes. Religious magazines, such as *Church Management*, and the *Church Monthly* of Riverside Church, made special announcements. The trade magazines, *Advertising and Selling*, *Editor and Publisher*, *Drug Topics* and others, gave generous space. *Collier's Magazine* in its issue of February 4th published a full page editorial *Are We A Nation of Prudes?* The cooperation of medical and professional magazines in announcing and reporting on Social Hygiene Day activities was one hundred per cent.

Radio cooperation was unexpectedly and encouragingly liberal. As mentioned earlier more than sixty local radio stations in response to a letter announcing the availability of the Parran-Wilbur record requested this record and broadcast it on or near February 3rd. Forty additional broadcasts of the record were arranged by local agencies. Numerous talks were given also over local stations by local speakers, for the most part physicians or health officers. Station WOR and the Mutual Broadcasting System, through the Medical Information Bureau of the New York Academy of Medicine, extended an invitation to Dr. William F. Snow, the Association's General Director, to give a talk on *The Meaning of Social Hygiene Day* (page 122) which was broadcast from coast to coast at one o'clock on February 2nd. As will be seen from the text of this talk, medical terminology was freely used and no censorship was imposed by the radio officials. This marks a long step forward in the cooperation extended by the national networks. At the same time Mr. Frederic A. Willis, Assistant to the President of the Columbia Broadcasting System, announced in a talk given before a session on press and radio education at the New York Regional Conference that his company would henceforth permit the use of references to syphilis and gonorrhea in health talks by social hygiene authorities. This is the position which was taken some time ago by the National Broadcasting Company.

With the press and the radio working so helpfully in the campaign it is not too much to expect that eventually the taboo against discussion of social hygiene matters on the motion picture screen may be similarly broken down and that neighborhood theaters may in the not too far distant future be showing films on appropriate social hygiene subjects.\*

<sup>1</sup> *Hush—You Can't Mention That!* by Reta Cowles, staff writer.

\* Since this was written the New York State Board of Censors has approved the motion picture drama *Damaged Lives* and the Association's lecture film *Science and Modern Medicine* for commercial showings within the state.

# The Great Imitator

**T**HE next great plague to go is syphilis. Dr. Thomas Parran, Surgeon General of the United States Public Health Service, has stated that a major objective of his administration is to stamp out syphilis.

Dr. Parran reports that in the Scandinavian countries an aroused public opinion caused the governments to take effective measures which have reduced syphilis to negligible proportions. Less than 1600 new cases were found in Norway, Sweden and Denmark during the past year.

\* \* \* \* \*

In the United States, according to the best evidence, there are more than a half million new cases of syphilis every year seeking medical care. Of these, only one in five gets into the hands of competent physicians soon enough to receive the full benefit of early and continued treatment. All told there are estimated to be seven million new and old cases in the country.

In its early stages, this virulent infection can usually be completely cured by experienced, licensed physicians. Much can be done even for those suffering from the disease in its advanced stages. Syphilis is then "The Great Imitator." It may masquerade as heart, lung, throat or kidney trouble; as a form of skin disease or as rheumatism. It often attacks the brain or spinal cord. It may result in blindness, deafness, paralysis, or insanity.

Many persons are unaware of their infection. The disease may be passed unknowingly from one person to another. Fathers and mothers have infected their children in this way. Most tragic of all are its innocent prey, especially babies born with syphilis. Early and competent prenatal care of syphilitic mothers can prevent most cases of congenital syphilis—children born diseased, blind or deaf, or with crippled bodies or minds.



As a rule, syphilis cannot be diagnosed from outward signs alone, because often there are none. The presence of syphilis can be positively determined only by medical examination and laboratory tests. Too frequently its victims appeal to the medical charlatan and the quack who promise speedy and sure cures. These promises may be not only false but dangerous. They delay proper treatment when early care is vital and delay costly.

There is no quick nor short-cut method of curing syphilis. Treatments must be regular, usually weekly, for a period of many months. Because obvious signs and symptoms often disappear after a few treatments, many patients consider themselves cured and stop treatments. This may be an irreparable mistake. The full effects of the disease may not appear until years later. Only the doctor, with repeated blood tests as his guide, can determine when a cure has been effected.

\* \* \* \* \*

Most communities maintain clinics to care for those who are unable to pay for treatment. Local health departments or medical societies are prepared to refer those in need of treatment to qualified physicians. Prevention, early diagnosis and thorough treatment will overcome this most dangerous enemy of mankind. Send for a free copy of the Metropolitan booklet, "The Great Imitator." Address Booklet Department 2-R-37.

\* \* \* \* \*

On February 3rd, 1937, the first National Social Hygiene Day, public health authorities and local organizations all over the country will discuss the control of syphilis. The American Social Hygiene Association, 50 West 50th St., New York, N. Y., will be glad to send literature and full particulars regarding the meetings.

Keep Healthy—Be Examined Regularly

## METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, Chairman of the Board

ONE MADISON AVENUE, NEW YORK, N. Y.

LEROY A. LINCOLN, President

Copyright, 1937, Metropolitan Life Insurance Company

A GREAT INSURANCE COMPANY COMBATS THE GREAT IMITATOR  
This advertisement, which appeared in the January magazines, was the third on syphilis published by the Metropolitan Life Insurance Company in its monthly series. The first two appeared in 1928 and 1930. More than a thousand inquiries for further information were received in the Association's office as a result of this latest statement concerning *The Great Imitator*.

*After Social Hygiene Day*

When February 3rd was over the weary staff at national headquarters dug themselves out from the avalanche of correspondence, newspaper clippings and shipping orders with a sigh of relief, but soon learned that though the principal date was past Social Hygiene Day continued to be a live issue. Requests and inquiries kept coming in, in almost as great numbers as before, and meetings continued to be planned. As this goes to press some communities are still looking forward to these events, though most of them occurred during the month of February. Probably the exact number will never be known, but it is certain that a good share of the nation's population participated in one way or another.

It is too soon to tell what the end results of this sweeping nationwide enthusiasm may be. The Association's officers and staff agree wholly with those who, watching the mushroom growth of popular interest, fear lest public enthusiasm should also resemble the mushroom in its perishable qualities. Public interest has been aroused before—the World War emergency awakened similar high fervor for the time being—only to sink into lethargy again when the emergency was past. Nothing like that must happen this time. There is too much at stake. This great wave of interest must be translated into terms of practical action for the benefit of human health and welfare, and to this end all who can must bend their efforts. Many of the conferences and meetings held in observance of Social Hygiene Day adopted resolutions supporting the Government campaign and otherwise announcing intentions of carrying on. (See typical resolution, page 169.)

In other localities new organizations were immediately set up for social hygiene work. Among these are:

**California, San Francisco.\*** The Social Hygiene Committee of the San Francisco Health Council was reorganized, with Dr. Charles Barnett as Chairman.

**Delaware, Wilmington.** A temporary committee on social hygiene was appointed by the Delaware Chapter American Association of Social Workers following Social Hygiene Day. Since then a number of conferences have been held with American Social Hygiene Association staff members, and a permanent committee is planned for organization in the near future.

**Georgia.** The Georgia State Social Hygiene Council is organizing a new working Committee of Fifty to emphasize medical aspects of social hygiene throughout the state.

#### Illinois

**Beardstown.** County Judge L. M. McClure was named chairman of a committee to carry on educational work.

**Moline.** The Moline Public Health Forum, Mrs. John H. Schacht, president is conducting an active social hygiene program, including educational, legal, protective, recreational and medical work.

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\* Also in San Francisco was recently organized the Northern California unit of the American Society for Control of Venereal Diseases, with Dr. Russel V. Lee of the Medical School of Stanford University as president. This agency has been incorporated as a national agency under the laws of California, with offices at 311 California Street, Mrs. Helen H. White, Secretary. One other unit has been organized, the Southern California Society for Study and Prevention of Syphilis and Gonorrhea, with headquarters at Los Angeles, Dr. George B. Mangold, president, 3551 University Park.

**Indiana, Fort Wayne.** Following a rousing social hygiene meeting and a vigorous publicity program organized by the City Health Officer in cooperation with community agencies, the Fort Wayne League Against Venereal Diseases is in process of establishment.

**Louisiana, Monroe.** The Ouachita Parish Social Hygiene Society is organizing, with Dr. L. Douglas Williams as chairman.

**Missouri, Springfield.** The Southwestern Missouri Social Hygiene Association is contemplated.

**New Jersey.** A number of new groups are expected to grow from the hundred community meetings held on Social Hygiene Day. Among those so far announcing their intentions are a Joint Committee on Venereal Disease Education of the Bergen County Public Health and Sanitary Association and the County Medical Society, Van D. Chandler, Health Officer of Hackensack, is chairman; and Elizabeth, where the Council of Social Agencies and the Board of Health are working toward this end.

#### New York

**Auburn.** The Cayuga County Committee on Tuberculosis and Public Health has voted to have a permanent sub-committee on social hygiene. (This community is to have a two-day institute early in April.)

**Middletown.** The Club for the Prevention of Venereal Disease, formed late in 1936, held a vigorous community program on February 3rd, and is continuing active work.

**Troy.** A social hygiene sub-committee of the Rensselaer County Tuberculosis and Health Association is in process of formation.

**Ohio, Hamilton.** A Social Hygiene Commission was organized in January, with H. G. Helwig, Y.M.C.A. Secretary, as chairman.

#### Pennsylvania

**Delaware-Montgomery Counties.** The Health Association, Dr. H. W. Banks, President, is pressing an active campaign for education on syphilis through public meetings.

**Philadelphia.** The Philadelphia Health Council and Tuberculosis Committee is contemplating a social hygiene program.

**Reading.** The Reading Social Hygiene Committee is being reorganized, with Miss Anna Barlow, Director of the Visiting Nurse Association, as chairman.

**York.** The York Tuberculosis and Health Association is fostering the establishment of a community committee, with Dr. John Yeagley as chairman.

**Rhode Island.** The Rhode Island Public Health Association is considering the appointment of a committee on social hygiene.

**Texas, Fort Worth.** Interested citizens are considering plans for work.

**Washington, Spokane.** A group of responsible citizens in Spokane, headed by the Rev. Spence Alexander Dunbar, are organizing for community work.

**Wisconsin, Eau Claire.** A Committee of Four was appointed following Social Hygiene Day to plan a community program.

The Association is assisting these and other groups by consultation, advice and materials, and is offering to make its facilities of staff and services available so far as possible in any locality where the opportunity for state and community action and organized effort seems ripe.

Replies to an inquiry sent out from the national office, accompanied by a letter of appreciation concerning Social Hygiene Day cooperation, indicate that the universal senti-

ment is for a similar event to occur again in 1938, and announce community intentions to carry on meanwhile towards a better informed public, better facilities for treatment of infected persons, and the ultimate goal which Dr. Parran has set before us—a nation free from syphilis and able to regard gonorrhea as a minor instead of a major menace to health.

“Nothing succeeds like success.” It is a new experience to the social hygiene societies and others grappling with social hygiene problems to find themselves on the crest of popular public interest after so many years of battling away at a seemingly impregnable wall of secrecy, silence and indifference. That this happy situation has not taken us unawares is new proof of the sound foundation upon which the social hygiene program has been laid, and justifies—if that were needed—the careful, conservative methods through which progress has been achieved in the past twenty-odd years, and the policy of watchful waiting until the right moment and the right combination of circumstances should arrive.

The swiftly moving procession of events which built up public interest and information, culminating in the Washington Conference in December and in National Social Hygiene Day as the next step in backing up the Government program for venereal disease control, did not “just happen.” It is true that a particularly fortunate set of circumstances combined to open the way for these activities. A socially-minded President and a First Lady equally interested and informed; a Surgeon General of the Public Health Service particularly keen on social hygiene problems and experienced in dealing with them; and a Congress willing to appropriate money for such problems were among the fortunate factors involved. But behind these were years of hard work by all those concerned with family health and welfare to bring about just such circumstances, and direction and purpose and planning which enabled the wise use of the fortunate situation when it finally occurred. To the leaders and workers who have for long devoted their thought and labor to attack on the barriers of silence and ignorance which, we may hope, are now definitely beginning to break down, belong the praise and the credit and the gratitude of posterity. And in the exultation of the

moment over the possibility of actually conquering syphilis at last, it is not forgotten that other phases of the social hygiene program—among them education for marriage and parenthood, the repression of prostitution, and the prevention of sex delinquency—have played and must continue to play, an important part in the programs and benefits of the future.

Once in a while the people of the United States, with all their sectional autonomy and their differing viewpoints, recognize some public event of which they may be unanimously proud, or find some guiding principle to which they may render eternal loyalty. A slim young flyer wings his way alone across the Atlantic, and is forever a national hero. A country doctor in a remote Canadian village, working under the most unfavorable circumstances, ushers safely into life five tiny baby girls at a birth, and with them becomes a world-wide object of affection and admiration. The dust of the Unknown Soldier, enshrined at Arlington, symbolizes to all of us both an ideal and a reminder for all time.

It looks now as if a similar happy unity may occur in the present instance, and that the country agrees with what Surgeon General Parran has said: "This is not a task of your health department alone, nor yet of the physicians of your community. It is a task for the whole people."

We believe it is the special task of the American Social Hygiene Association and the social hygiene societies to see that the First National Social Hygiene Day goes down in history as the time when American citizens really settled down to accept their share of this responsibility—to back up solidly and steadily the medical professions and the public health authorities in a relentless war of extermination against syphilis and gonorrhea, not to cease until the enemy is conquered.



# Dr. Knickerbocker Says

A SERIES OF ARTICLES ON GENERAL HEALTH

issued by

THE DEPARTMENT OF HEALTH  
OF THE CITY OF NEW YORK  
JOHN L. RICE, M.D., COMMISSIONER

**SOCIAL HYGIENE DAY EVERY DAY IN THE YEAR**

A FEW weeks ago the first National Social Hygiene Day was observed throughout the length and breadth of the land. Thomas Parrish, United States Commissioner of Health, said:

**New Social Experiment To Wipe Out Syphilis In U. S. Launched; 1 of Every 20 Persons Infected**

BY HOWARD W. BLAKESLEE.  
(Associated Press Science Editor)

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Today

NEW YORK, Feb. 3.—(AP)—In more than 200 American cities and towns today preparations are being made for the first national social hygiene day. The backers of the experiment are the sponsors are the General

ation of syphilis was the subject of the first national social hygiene day. The start of a new

## PRACTICAL HEALTH HINTS

**A Sensible View on Social Hygiene**

—By Dr. James A. Tobey—

# How's YOUR HEALTH

Edited for the New York Academy of Medicine  
By DR. IAGO GALDSTON  
Social Hygiene

The ostrich is malignant. The face of danger is head in the sand. However, the face of danger is changing. Thus we celebrate the first National Social Hygiene Day. The ostrich is malignant. The face of danger is head in the sand. However, the face of danger is changing. Thus we celebrate the first National Social Hygiene Day. The ostrich is malignant. The face of danger is head in the sand. However, the face of danger is changing. Thus we celebrate the first National Social Hygiene Day.

THE designation of February 3rd of this year as National Social Hygiene Day has served to focus attention on one of the great public health problems in this country.



Dr. J. A. Tobey

Behind this movement, which deserves the support of every citizen, is a national voluntary health organization known as the American Social Hygiene Association.

## COMMENTS FROM THE COLUMNISTS

Four syndicated articles which appeared in hundreds of newspapers from coast to coast.

# THE MEANING OF SOCIAL HYGIENE DAY

## A RADIO TALK \*

WILLIAM F. SNOW

*General Director, American Social Hygiene Association*

When people come together in groups all over the United States to discuss a common problem, the solution of that problem is usually of great importance to the nation. This is certainly true of the subject to be considered on National Social Hygiene Day. On this date, February 3d, and subsequently through the year, many thousands of persons will learn what they can do to help in the fight against a disease which Dr. Ray Lyman Wilbur, President of the American Social Hygiene Association, has called the "King of Killers." This disease, syphilis, ranks among the greatest of our unseen and deadly enemies—that is, unseen except by experts in the use of the microscope; for this is a germ disease whose causative agent was discovered in 1905 and since then has been under constant study.

When scientists in 1906 discovered a method of examining the blood for positive evidence of this disease, even though no other symptoms could be detected, it was hoped that all cases could soon be brought under medical care. And when a few years later, in 1910, the remarkable drug now called arsphenamine was discovered and found to produce such magical results in controlling progress of syphilis in a patient and immediately preventing danger of its spreading to his family and other intimate contacts, it was believed that this disease would become as rare as are smallpox, cholera, and bubonic plague, which had been outstanding pestilences when syphilis made its meteoric rise to world-wide recognition in the Middle Ages. This was a reasonable assumption. Smallpox had been conquered by vaccination; typhoid fever was yielding to sanitation and immunization; yellow fever and malaria had come under control through the application of scientific knowledge; tuberculosis was steadily retreating before accurate diagnosis and early treatment methods.

But the trouble was that all the information about syphilis remained in the research laboratories, because no way could be found to tell the people the truth, the whole truth, and nothing but the truth,

\* Broadcast on a nation-wide hookup from Station WOR, the Mutual Broadcasting System, February 2, 1937.



without risk of offending good taste or seeming to question public and private morals. Many tried; and their efforts eventually brought about the organization of the American Social Hygiene Association to overcome these difficulties. Progress has been slow but steady through the years.

The Annual Meeting of this Association, the Regional all day Social Hygiene Conference in the Pennsylvania Hotel in New York tomorrow, and the several hundred other conferences and smaller meetings being held at the same time throughout the country are part of special efforts this year to complete the breaking down of this senseless and disastrous opposition to what *can* be made one of the most brilliant achievements of modern public health and medical practice.

A series of fortunate circumstances have conspired to make National Social Hygiene Day of significance and value in promoting the work to be done in the remaining months of 1937. In the first place, the public health authorities have decided, with the approval and active cooperation of the medical profession, that sufficient funds, personnel, and facilities are now available to make an effective beginning on a permanent nation-wide concerted attack on syphilis, in the hope of reducing and eventually controlling this deadly enemy which exacts annually far more in sickness, death, money, misery, and handicapped children than the great floods which are at the moment taking such tragic toll in the valleys of the Ohio and the Mississippi. In the second place, the public press has joined wholeheartedly in an effort finally to overcome the taboo which has been such a serious factor in blocking progress. The occasional history-making published statements in past years and the thousands of popular articles and news items which have appeared in the past twelve months afford concrete evidence of public interest and desire to come to the aid of our health officers, and their allies. The current issue of *Collier's Weekly*, for example, has an excellent editorial which concludes: "It is high time that all decent people rallied to the support of this campaign. We must now speak out in plain, unambiguous terms and strive to educate our people in ways and means of avoiding infection and of stamping out such infections as exist." In the third place, educational and church forces are beginning to listen to their leaders who have urged participation in this battle for health and welfare; and such groups as the General Federation of Women's Clubs, National Council of Women, service clubs, junior chambers of commerce, and other lay organizations are taking an active part.

The recent Conference on Venereal Disease Control Work called by Surgeon General Thomas Parran and attended by a thousand public health, medical, nursing, social work and administrative delegates from all the states reviewed the program and available resources, outlined the practical next steps, and estimated the additional annual expense necessary to place the work of reducing and controlling these diseases on a plane of equality with other public health and medical

work in the protection of the people against the consequences of preventable diseases.

Surgeon General Parran has summed up these next steps in an address for all the Social Hygiene Day meetings tomorrow, in these words:\*

*First*, there must be secured through the medical and other professional groups, additional experienced personnel to provide for the necessary diagnosis, treatment, and follow-up of all infected persons. The evidence is conclusive that in private practice as well as in clinic and hospital more and better-trained physicians and technicians in this field are urgently needed.

*Second*, there must be available larger appropriations as well as private contributions for control work. An appropriation of \$25,000,000 annually from the Federal Government was specifically urged by the Conference. This need may be emphasized by pointing out that in only six states is the amount of direct annual expenditure for control of venereal diseases (exclusive of laboratory maintenance) as much as one cent per capita; while the amount is less than one mill in several states. To do all that medicine, public health and social work could accomplish would require ten times our present expenditures.

*Third*, it was agreed that syphilis and gonococcal infections must be treated like any other communicable diseases and that for their control the same methods of case finding and the same complete organization of community resources must be had, as have been so effectively used, for example, in the control of such diseases as tuberculosis.

*Fourth*, syphilis imposes a large and unnecessary tax upon the community in the continued care of disastrous end results. It was stated, for example, that the cost for the treatment of the late effects of syphilis in this country amounts to more than the cost of a control program which within a few years would make this a rare disease.

*Fifth*, notification of cases to the health officer, the follow-up and quarantine when necessary of sources of infection and vicious spreaders, the distribution by the state of free drugs, the provision of laboratory service, adequate treatment centers and clinics, and hospital care when needed, are major factors in control.

And *Sixth*, there is needed a carefully planned continuous program of public information and education, participated in by all the community, state and national agencies in a position to help.

President Roosevelt, in expressing his best wishes for the success of the Conference in Washington, said:

“The Federal Government is deeply interested in conserving the resources of the country by all appropriate methods. The

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\* For complete text of Dr. Parran's address, see pp. 130-133.

attainment of your objectives would do much to conserve our human resources and would reduce considerably the present large costs for the community care of the disastrous end results of the venereal diseases.”

That these costs are large will be evident to any one who will take a pencil and attempt to translate the following facts into figures representing the outlay of which the President spoke:

Estimates indicate that an average of one out of every twenty of the nation's population would show evidence of some stage of syphilis infection if properly examined. Probably a million or more new infections among men, women, and children are being added each year. From this great reservoir, perhaps a hundred thousand drop out yearly because of death. Many more are shut out from community life and activity by incapacitating illness and crippling, and by commitment to institutions for the insane, at least ten per cent of whose inmates are there because of syphilis. Still others, through loss of sight or of hearing become dependent upon families and friends or the State.

Thus relatives and the taxpayers bear a heavy burden for all this. Wage-earners and employers are hard hit too. Conservative estimates for loss of income by infected men and women between the ages of eighteen and fifty due to this one cause run to enormous totals without counting in the losses due to resulting labor turnover and accidents. The wastage of youth and child life is also a tragic factor, since a large number of young mothers who become infected, if untreated, infect their children. But all these costs in human misery and money would disappear if we were to apply our present knowledge as some other countries have done, and as many of our states and cities are beginning to do.

As Dr. Wilbur has said in his annual address: “When every American family sees that the children coming forward in each generation are taught the truth about these diseases,—how to avoid them and what to do if infected—we shall no longer see our young manhood and womanhood their chief victims. When every expectant mother asks her doctor to make sure that no syphilis infection lurks in her blood to threaten her baby, we shall not count each year such a tragic toll of prenatal and infant deaths. When every community realizes its obligation to give its young people wholesome surroundings, we shall be well on the way toward a further increase in health and happiness for the American people.”\*

The American Social Hygiene Association has served for many years as the national clearing house for information and promotion of approved measures not only in relation to this field, but in the broader educational and protective aspects of social hygiene which must not be allowed to lapse or slow down because of emphasis upon the medical and public health phases of the movement. Miss Josephine

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\* For the full text of this address, see pp. 128-130.

Roche, Assistant Secretary of the United States Treasury, in opening the recent notable conference said, "The clear thinking and vigorous response that is being given today to a united nation-wide drive upon the problem of venereal diseases could result only from long, patient, and scientifically sound work." In saying this, Miss Roche very properly called attention to the work of the many pioneers and the wealth of information available on which to build toward the future. The danger is that, as an aroused people, we may be too impatient of details and thoroughness. By a multiplicity of uncoordinated and overlapping efforts without adequate guidance from the public health and medical authorities, we may defeat our aims and lose this golden opportunity. The gains and the losses of the activities which develop from National Social Hygiene Day are dependent upon the extent to which the citizens study the problem of placing syphilis alongside of tuberculosis and the other great disease scourges of mankind, which are being brought completely under control and gradually added to the list of brilliant victories of medical science and public health, and having studied—the extent to which our citizens offer their practical continuing support in money and personal cooperation to their health authorities and physicians.

The United States Public Health Service in Washington and the American Social Hygiene Association at 50 West 50th Street, New York City, will gladly supplement on request the information available through your local and state health departments and voluntary professional and lay organizations.

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#### **"Syphilis Can Be Conquered! Learn! Tell! Work!"**

This is the slogan adopted by the Public Health Committee of the General Federation of Women's Clubs in its efforts to achieve the next objective of its health conservation program. Each club is urged to secure the cooperation of health and educational authorities, the medical profession and voluntary health agencies in planning a club program in social hygiene for the year. Each individual member is asked to inform herself about syphilis; to inform her family and friends, and to work for community action in prevention and control of syphilis. An important point in the national program is the insistence upon blood tests as a part of all prenatal examinations.

The cooperation of this great organization with its several million members should mean much in the endeavor to win this battle for public health.

# A SOCIAL HYGIENE MESSAGE TO ALL AMERICANS

FROM

RAY LYMAN WILBUR, M.D.

*President of the American Social Hygiene Association*

and

THOMAS PARRAN, M.D.

*Surgeon General of the United States Public Health Service*

NOTE: In order that these two famous medical and public health authorities may speak directly to audiences throughout the nation on this subject of vital importance to individual, family and community life, their living voices have been electrically transcribed on a phonograph disc for use in group meetings or radio broadcasting. Two hundred of these records are in use, sixty of them being with local broadcasting stations for use on National Social Hygiene Day. While the record was prepared especially for this occasion, it is intended for permanent use, and continuous circulation is planned, that everyone in the United States may hear these talks.

*Suggested Preliminary Announcement  
by Chairman of Meeting or Radio Program Director  
(when record is used in routine program)*

All through the country, from Maine to California, and from the Canadian Border to the Gulf of Mexico, health officials, physicians, social hygiene societies and other voluntary organizations and the general public itself, in states, cities and towns, are joining at this time in a special campaign for family and community health and welfare. Two of the leaders of this campaign will tell us why it is necessary and what it hopes to accomplish.

## *Text of the Addresses*

ANNOUNCER:

Ladies and Gentlemen: We take pleasure in presenting Dr. Ray Lyman Wilbur, President of Stanford University, who is also the President of the American Social Hygiene Association. Dr. Wilbur:

DR. WILBUR:

In presenting our program today I want to speak first of the general purposes of the social hygiene movement in the United States and of the several major divisions of activity of the American Social Hygiene Association, which serves as a national clearing house in this field of voluntary health and welfare work. Our principal aim is to stand for the family, with well born children, who are given education, and all other forms of family and community care.

Civilization constantly changes. If it fails to grow, it stagnates. There must always be more of the vigor of youth and growth than of maturity and senility, if progress is to be made. Life itself is the key to human welfare. Life means health. It must have the plus sign in order to be effective enough to provide the great driving forces needed to push the human race onward and upward. Without adequate health of the individual there is no final progress.

But how can health be secured? Comparatively few persons possess it in abundance, and those few are apt to be spendthrifts of their health until they suddenly find themselves bankrupt. Even those whose health assets are limited are apt to live beyond their means in this respect. Young people, usually more blessed with good health than their elders, are notoriously careless about it. Add to these the thousands who are born into every generation with health handicaps, who never know good health, and look at this picture against the background of changing conditions and uncertainties and hardships with which the American family has struggled. The wonder is that any ground has been gained, that any progress has been made in national health.

For progress has surely occurred. Many of the dangerous diseases which once threatened health and life itself have been stamped out. Long ago we conquered smallpox. Yellow fever, typhoid fever, diphtheria, and other health enemies have yielded to the determination of medical science to preserve man's health heritage. Better housing conditions, pure water and milk, better care of babies and their mothers, more attention to health in childhood and in fact all through life, have all had their part in the progress of the American family toward health and happiness. And without doubt this steady

forward march will continue, as science discovers better means of disease prevention and the public learns better how to guard its health and apply the preventive means provided.

We should not be too optimistic about this encouraging outlook, however. No one needs to be told that there is still great room for improvement in the health of the American family. Certain deadly diseases still resist stubbornly the efforts made to subdue them, and continue to menace our national health. Tuberculosis, for example, though the number of deaths caused by it steadily grows smaller, still takes many lives each year. No certain way of halting infantile paralysis has been found. Cancer continues to be a dreaded killer. It is estimated that at least six and one-half million men, women and children—nearly as many as the entire population of New York City—are infected with syphilis at any given time, and two or three times as many persons are believed to be suffering from gonorrhea or some type of gonococcal infection.

These two diseases, syphilis and gonorrhea, are really among the most dangerous health enemies which the American family has to fear today. Syphilis is known as a King of Killers, a major cause of fatal heart disease, of infant deaths, of insanity, blindness, and many other serious conditions. Gonorrhea maims and cripples, blinds newborn babies, makes men and women sterile. Both diseases are infectious, yet it has been found that not more than 1 in 10 cases of syphilis are under treatment by licensed physicians, and even a smaller proportion of gonorrhea patients seek treatment. This means that many untreated diseased persons are at large in an infectious state, a danger to their associates, and storing up trouble for themselves, since the longer they put off treatment the less their chances of recovery. Almost one-half of syphilis patients do not go to doctors until their infections are more than a year old. Both diseases attack young people, by far the largest number of infections occurring between the ages of 16 and 30, when life and health should be swinging into their best years. Aside from the ill-health and deaths caused, the American tax-payer bears a heavy added burden for the care of advanced cases in general hospitals, hospitals for the insane and other public institutions.

The tragedy and the hope in this problem is that much of all this trouble and suffering can be prevented, if mothers and fathers and their boys and girls realize the danger and take advantage of the safeguards existing for their protection against these health hazards. The germ of syphilis is known. The means of destroying it are known. It has been said that if the medical profession were given the opportunity to apply the knowledge at its command this King of Killers could be wiped out in one generation. This opportunity will surely eventually come. When every American family sees that the children coming forward in each generation are taught the truth about these diseases,—how to avoid them and what to do if infected—we shall no longer see our young manhood and womanhood their chief victims. When every expectant mother asks her doctor to make sure that no syphilis infection lurks in her blood to threaten her baby, we shall not count each year such a tragic toll of prenatal and infant deaths. When every community realizes its obligation to give its young people wholesome surroundings, free from degrading amusement places and disease-breeding red-light districts, we shall be well on the way toward a further increase in health and happiness for the American people.

This, I believe, is the task to which our social hygiene societies should constantly re-dedicate their efforts, and in these efforts seek the cooperation of all who have the welfare of the American family at heart.

ANNOUNCER:

Thank you, Doctor Wilbur. And now we hear from Dr. Thomas Parran, Surgeon General of the United States Public Health Service. Dr. Parran.

DR. PARRAN:

A notable Conference on Venereal Disease Control recently was held in Washington, attended by nearly a thousand representatives from every part of the United States. President Roosevelt, in a letter of greeting, said:

“The recent increase in public interest in the problem before the conference is extremely gratifying. With the assistance now being given by the Public Health Service through Social Security funds, it should be possible for State



and local authorities to develop needed facilities for the treatment and control of these diseases. It is my understanding that out of your deliberations there will come a statement of principles and methods which should be useful to every community in the country in applying most effectively the scientific knowledge which we have, to minimize these serious hazards to the public health.

"The Federal Government is deeply interested in conserving the resources of the country by all appropriate methods. The attainment of your objectives would do much to conserve our human resources and would reduce considerably the present large costs for the community care of the disastrous end results of the venereal diseases. You have my best wishes for success."

Miss Josephine Roche, Assistant Secretary of the Treasury, in presenting the President's message, said, "The clear thinking and vigorous response that is being given today to a united nation-wide drive upon the problem of venereal diseases, could result only from . . . long, patient, and scientifically sound work. . . . To have mental honesty and keen social thinking break through and conquer fear, prejudice, and hypocrisy is of tremendous importance in the advance we are committed to make on the venereal diseases—but it means much more than a victory in a specific field . . . it reaches out and gives fresh courage to us to move forward on the many battlefronts of human progress where, in some manifestation, prejudice, and fear, and hypocrisy are the chief forces against us."

This Conference accomplished its purpose. It reviewed our knowledge of syphilis and gonorrhea, and outlined the practical work which must be undertaken in each community, if we are to reduce and ultimately to control these diseases.

Next steps were clearly indicated by the Conference:

*First*, there must be secured through the medical and other professional groups, additional experienced personnel to provide for the necessary diagnosis, treatment, and follow-up of all infected persons. The evidence is conclusive that in private practice as well as in clinic and hospital more and

better trained physicians and technicians in this field are urgently needed.

*Second*, there must be available larger appropriations as well as private contributions for control work. An appropriation of \$25,000,000 annually from the Federal Government was specifically urged by the conference. This need may be emphasized by pointing out that in only six states is the amount of direct annual expenditure for control of venereal diseases (exclusive of laboratory maintenance) as much as one cent per capita; while the amount is less than one mill in several states. To do all that medicine, public health and social work could accomplish would require ten times our present expenditures.

*Third*, it was agreed that syphilis and gonococcal infections must be treated like any other communicable diseases and that for their control the same methods of case finding and the same complete organization of community resources must be had, as have been so effectively used, for example, in the control of such diseases as tuberculosis.

*Fourth*, syphilis imposes a large and unnecessary tax upon the community in the continued care of disastrous end results. It was stated, for example, that the cost for the treatment of the late effects of syphilis in this country amounts to more than the cost of a control program which within a few years would make this a rare disease.

*Fifth*, notification of cases to the health officer, the follow-up and quarantine when necessary of sources of infection and vicious spreaders, the distribution by the state of free drugs, the provision of laboratory service, adequate treatment centers and clinics, and hospital care when needed, are major factors in control.

And *finally*, there is needed a carefully planned continuous program of public information and education, participated in by all of the community, state and national agencies in a position to help.

The United States Public Health Service is eager to do its part in utilizing this new national interest. We solicit the cooperation and help of every type of national, state and

community organization in this undertaking. This is not a task of your health department alone, nor yet of the physicians of your community. It is a task for the whole people.

The American Social Hygiene Association, in cooperation with whose nation-wide program you are meeting today, is the one national voluntary agency primarily concerned with this problem. It is an organization through which citizens everywhere have an opportunity to do their part in this task. It has been and continues to be a valuable ally of the health and medical professions in their battles against syphilis and gonococcal infections. As a member of the Board of Directors of the Association, I have long been in a position to observe how important to official activities is the work of this national voluntary agency and its affiliated groups in the states and communities. Working as it does, primarily through other national bodies with state and local branches and standing committees on social hygiene, the Association's work is particularly needed just now to arouse community interest, to explain the measures approved at the recent conference, and to secure their practical adaptation to local needs and conditions. There are also broader educational and protective aspects of social hygiene which must not be allowed to lapse or slow down by our current emphasis upon the medical and public health phases of the movement.

By this union of public and private effort, we can minimize these causes of ill-health and social disintegration.

ANNOUNCER:

Thank you, Doctor Parran.

#### NOTES FOR THE USER

The record *A Social Hygiene Message to All Americans*, runs at 33 revolutions per minute (total time 14 minutes), which is the common speed for broadcasting records, but is not suitable for some machines found in homes. If you are not sure about the speed of your machine, consult your local phonograph dealer, who can advise you. The record can also be run on any of the standard talking-slide machines, which may often be borrowed locally from automobile or other business firms, which use them for advertising talks or for training salesmen.

The following "typical program" suggested for a community or special group meeting illustrates the way this record may be used:

*Typical Program for Community or Group Meeting*

This program has been outlined in response to many requests for such suggestions. It may of course be changed or adapted in any way that seems desirable for local use. Your health officer can advise you and make other suggestions. For example, if no local person is qualified to speak on social hygiene, the record may be substituted as a means of setting forth the general situation and describing the activities planned for the national campaign for stamping out syphilis. Draft of proposed resolutions for local discussion and adoption, and other materials will be sent without charge upon request.

1. Brief introductory remarks by chairman of meeting.
2. Record—*A Social Hygiene Message to All Americans*.
3. Showing of the talking-slide film *For All Our Sakes*. This gives the scientific facts and figures upon which the medical and public health program is based.
4. Talk by the health officers, or a physician or other qualified person, presenting the local social hygiene situation.
5. General discussion of what may be done to provide adequate local facilities and services for control of syphilis and gonorrhea and to provide for other social hygiene needs.
6. The adoption of appropriate resolutions or statements in support of the national social hygiene program of the United States Public Health Service and the American Social Hygiene Association.

*In order that ownership of this record may be brought within the reach of all who desire to have it, the purchase price has been set at \$2.00 (less than the cost of production). Rental charge, 50 cents. Transportation charges extra on both purchases and rentals.*

"Gonorrhea and syphilis are symptoms of poor social hygiene, but they are only two symptoms among many. The unmarried mother, sexual promiscuity, the prostitute, family discord, separation and divorce arising out of sex misunderstanding and abuse—and many other unwholesome things in life are also symptoms of poor social hygiene. . . ."

NELS A. NELSON, M.D.

## WHAT SYPHILIS AND GONORRHEA DO—THE PROBLEM AS SEEN BY A PREACHER \*

HERMAN L. TURNER, D.D.

*Pastor, Covenant Presbyterian Church, Atlanta, Georgia*

Does the average preacher know the issue which we have been discussing this morning? I am afraid he does not. For nine years I have served as chaplain of one of our national guard units. When we meet in our summer training periods one of the first orders issued by the commanding officer is that of venereal inspection. The next day the camp surgeon reports on the inspection as if it were one of the many routine duties, perhaps reporting a dozen men who show infection. I am going to take advantage of this opportunity to say that the men who make up our national guard units are a clean type—many of them are college students. No longer is the guard made up of men who have been classified as “curb-stone philosophers and pool-room theologians.” My contacts with the national guard and my duties as a pastor, led me to believe that we were well on the way to achieving the high standards of social hygiene.

About a month ago the Rotary Club of Atlanta, announced that a noted physician from Emory University would speak on the problem of venereal diseases. One of my Rotarian friends commented on this special program: “It seems that we are running out of topics for our weekly meetings.” The speaker appeared and his message was of the most dignified type. He told us about the prevalence of syphilis and gonorrhea and asked every Rotarian to cooperate in combating them. My ecclesiastical complacency was greatly disturbed by this address, and there for the first time in my ministry I realized the seriousness of the question now under discussion. We preachers need to be informed on this question. I must confess my ignorance. Of course, I am aware of the fact that we live in an age when sex-emotions are over-stimulated, due in part to the stage, sex-soaked literature and movies, laxity in relation of sexes, and the disquieting influence of divorce. Obviously, this is the background out of which we grow these problems of sexual impurity.

\* An address given before the Regional Conference of the Georgia Social Hygiene Council, National Social Hygiene Day, February 3, 1937. In the same session others spoke from the viewpoints of a parent, a social worker, a physician, and an adolescent.

Admitting that the average preacher knows about the prevalence of these dreadful diseases, there is a reluctance on his part to do anything about it, because many of our parishioners are confused as to what is the function of the church in relation to these social problems. One of the criticisms today about preachers is that our preaching is too casual and general. And yet when a few of us have given ourselves energetically to presenting some of the social aspects of the Gospel, immediately the cry has gone up from the pews, "stick to the Gospel." There are those who feel that the only function of the church is to save souls. And it is this group that is always saying "preach the Gospel." My observation leads me to say that this group is usually made up of the so-called wealthy. They realize that change is costly. Then, there is another group, which says that the only function of the church is to save society. I believe in both the redemption of the individual and society. If the minister makes an effort to apply the teachings of Jesus Christ to our social problems then he is accused of "meddling in politics, economics" et cetera. They comment about him being a "busybody" or an "amateur expert." I know my brother ministers and I have never found one yet who even left the impression that he was an expert on all the social problems of our day. I looked through two or three church magazines recently and here are a few of the topics of articles found in these issues: *Crime and Juvenile Delinquency, Prison Reform, Capital and Labor, Social Security, Drink Problem, War and Peace, Humane Education, Social Hygiene, Family Life and Divorce, Drug Addiction, Child Labor Problems, Race Prejudices, Church and Politics, The Housing Experiment, Tobacco and Alcohol, Motion Picture Evils*, and others. The minister would have to be a superman to speak intelligently on all these questions.

I think the minister ought to be an expert in the realm of religion. In our preaching as ministers, we must think in the terms of life and all its relationships. Therefore, we are mightily concerned about the solution of these social problems. We preach that human personality is sacred. Whatever a man does, it is his whole personality acting. What is involved in a man's health? Something more than his physical life—his mental, spiritual and social life as well. The body is the temple of God and the Bible warns us against its defilement. Disease is a handicap; bodily vigor is a boon. The preacher is to present the principles and leave the methods to the social agencies. Think of my speaking next Sunday morning to my congregation after this fashion: "Last week I attended a conference on social hygiene and the many messages delivered were so challenging that I have been impelled to speak to you this morning on the subject of 'Syphilis and Gonorrhea.'" I suspect a few of my people would get a shock and no doubt the cry would go up "stick to the Gospel." I can preach on the general theme of health, but I would find it difficult to specialize on any one disease. That's why I say that the average preacher is a bit reluctant to discuss this problem of social hygiene publicly. Years ago, I went with a group of men to speak at one day institutes in rural churches. The program for these institutes covered many of the problems confronting the rural church in its social.

religious and economic life. One of the speakers spoke about raising better hogs. A good woman commented that the church where she had worshipped all these years would never mean the same to her again, because the farm agent had desecrated the house of God by using the word "hog" in his address.

This problem of social hygiene is one of education. No evil can be exterminated from the nation's life, unless it is preceded by education, beginning not primarily with the adults, but with the boys and girls. The family is the vital unit of our civilization. We cannot make our political, social and religious life any better than our homes. The home is under fire; it has suffered greatly during the depression years. If the family life is to be kept pure and the moral standards high, then we are on the way to the better day. But we must continue the battle to retain the solidarity of the family as civilization's greatest social unit.

In reading our denominational papers and programs, I am impressed with the fact that the Church is working at this program of sex relationship and parenthood. It is a part of the educational program of the Church. As I see it, the preacher can do the following things: First, train himself to deal with these problems in a very definite and effective way. Study sex-education, biology and psychology. The minister in the modern seminary is in many cases being given this new technique. Second, the program of religious education for Sunday schools and all young people's groups should provide integrated courses on *Wise Marriage Choices*, *Successful Family Life*, *Sex-Education* and *Competent Parenthood*. This to be done by sermons, addresses, study courses and forums. Also, of value is the distribution of literature on these diseases. I have used most effectively Dr. Barker's leaflets: *A Father's Responsibility to His Son*, and *A Mother's Responsibility to Her Daughter*. The family is the center unit for effective teaching and maintaining the high standards of family life.

I am indebted to my father, who put aside his piosity and false modesty and told me the story of life in a dignified way. He also told me about such diseases as syphilis and gonorrhea. He did more than that, he illustrated his message with human exhibits out of the community's life—those who were afflicted with these dreadful diseases. He was not afraid to call things by their right names. The preacher of today must do the same—call things by their right names. Sin can never be made respectable.

Let us survey our communities, build a constructive program of education, continue our remedial and preventive measures, and all our forces—the church, school, state and social agencies—work together, in order to make the "abundant life" possible to our entire citizenship. I am convinced that the preacher can do much in making effective the program of social hygiene.

## EDITORIALS

### IN APPRECIATION

Several motives led the JOURNAL editors to devote an entire issue—and an extra size issue at that—to a report on the First National Social Hygiene Day. We wished, of course, to make a permanent record of a rather unusual and highly successful project. We were anxious, also, to see just what the whole business shook down to when reduced to cold figures and facts, to bring to light any errors or omissions, and perhaps in this way to get some guidance for future procedure. Most of all, we wanted to provide for all those who joined so heartily in launching this new undertaking, a lasting, and—we hope—a pleasant souvenir of a fine achievement in which they had a part.

To our members and friends, new and old, wherever they are, we dedicate this *Social Hygiene Day Number*, with appreciation and good wishes. And may we ask your help again? Will you make your copy available to others in your neighborhood? And, unless you wish particularly to keep it in your own library, see that it is placed in your public library for permanent reference when you are through with it?

This will help us greatly in meeting the demand for copies of the report, which budget limitations prevent our distributing as generously as we might like.

Our thanks to you once more.

### LOOKING FORWARD

Before February 3rd was past people began to inquire when the next Social Hygiene Day would be held. "We want to know in plenty of time next year, so as to plan"—most of them said. Others wrote they were making every day Social Hygiene Day straight through from now on, but would be ready to tune in with the rest of the country in 1938, if we'd let them know the special date.

For these inquirers and all others interested, we are glad to announce that Wednesday, February 2, 1938, is the day proposed. As this year, it is hoped that states and communities will not feel bound to observe this date if some other time suits their convenience better, and that observance will as in 1937 include Social Hygiene Weeks, Months or year-round continuous programs, as desired.

Here's looking forward then to the *Second National Social Hygiene Day*.



## PROGRAMS AND COMMENTS

For present interest and future reference we print here topics and speakers and other details of some of the 500 meetings held in observance of National Social Hygiene Day. Since they sounded the key-note for the nation-wide series of gatherings, the Annual Meeting of the Association and the New York Regional Conference head the list:

### THE AMERICAN SOCIAL HYGIENE ASSOCIATION

#### Twenty-fourth Annual Meeting and First National Social Hygiene Day

Wednesday Evening, February 3, 1937, Hotel Pennsylvania, New York.

*(The meeting was held in conjunction with the all-day Regional Conference of the Social Hygiene Council of Greater New York. All sessions open to the public.)*

### Program

- 6 P.M. *Annual Business Meeting*
- 7 P.M. *Annual Dinner*
- 8 P.M. *General Session*

#### *Presiding:* DR. GEORGE BAEHR

Chairman, Public Health Relations Committee, New York Academy of Medicine; Member, Public Health Council, New York State Department of Health; Chairman, Advisory Committee on Syphilis and Gonorrhea, New York City Department of Health

#### *Introductory Addresses:*

*(Electrically transcribed for simultaneous presentation at National Social Hygiene Day meetings)*

##### DR. RAY LYMAN WILBUR

President, Stanford University

President, American Social Hygiene Association

##### SURGEON GENERAL THOMAS PARRAN

United States Public Health Service

*Subject: Controversial and Unsettled Questions of Procedure and Public Policy Relating to Programs for the Control of Syphilis and Gonorrhea*

#### *Commercialized Prostitution and Disease Transmission*

##### MR. ALAN JOHNSTONE

Formerly Regional Director for Law Enforcement and Protective Measures, Army and Navy Training Camp Commissions

##### DR. WALTER CLARKE

Director, Social Hygiene Bureau, New York City Health Department

#### *Prophylaxis as a Factor in Venereal Disease Control*

##### DR. J. F. MAHONEY

Surgeon, United States Public Health Service

##### DR. EMILY D. BARRINGER

Gynecologist, Kingston Avenue Hospital, Bureau of Hospitals, New York

#### *Certificates for Marriage, and Health Examinations for Employment*

##### DR. HENRY P. TALBOT

Director, Bureau of Venereal Diseases, State Department of Health, Connecticut

##### DR. CHARLES V. CRASTER

Health Officer, Newark, New Jersey

*Discussion opened by*

DR. VALERIA H. PARKER

Consultant, American Social Hygiene Association

Director, Institute on Marriage and the Home, Orange, New Jersey

*Newspaper clippings and other materials selected from the Association's permanent exhibit collection at 50 West Fiftieth Street, New York, were shown.*

## NEW YORK REGIONAL CONFERENCE

Under the auspices of the Social Hygiene Council of Greater New York  
(comprising forty-eight sponsoring agencies),

J. A. Goldberg, Conference Secretary.

Wednesday, February 3, Hotel Pennsylvania

## Program

## Four Morning Sessions 10:00 A.M.

- Subject:** Problems of Syphilis and Gonorrhea insofar as Social Agencies are Concerned  
**Presiding:** MR. ROBERT P. LANE, Executive Director, Welfare Council of New York City  
**Speakers:** DR. WILLIAM BAYARD LONG, Director of Dermatology and Syphilis Clinics, St. Luke's Hospital; DR. REUEL A. BENSON, Pediatrician, Metropolitan Hospital; MISS ELIZABETH DUTCHER, Secretary, Family Welfare Division, Brooklyn Bureau of Charities; MISS IRENE HARDING, Supervisor, Social Service, Metropolitan Hospital Clinic; MISS ELEANOR MOORE, Charity Organization Society; MRS. MARY E. MCCARTHY, Board of Child Welfare
- Subject:** Correctional Institutions and Social Hygiene—A Challenge for Service  
**Presiding:** HON. A. H. MACCORMICK, Commissioner, Department of Correction  
**Speakers:** DR. JOHN SLAWSON, Executive Director, Jewish Board of Guardians; MISS RUTH E. COLLINS, Superintendent, House of Detention for Women; MR. RICHARD A. MCGEE, Warden, Rikers Island Penitentiary
- Subject:** Mental and Social Hygiene—Fields of Common Interest  
**Presiding:** DR. KENDALL EMERSON, Managing Director, National Tuberculosis Association  
**Speakers:** DR. WILLIAM F. SNOW, General Director, American Social Hygiene Association; DR. A. A. BRILL, Psychiatrist; DR. KARL M. BOWMAN, Director of Psychiatry, Department of Hospitals
- Subject:** The Press and the Radio as Aids in Venereal Disease Control  
**Presiding:** DR. C. WARD CRAMPTON, Chairman of Committee on Preventive Medicine, Medical Society of the County of New York  
**Speakers:** MR. MYRON WEISS, Science Editor, of "Time"; MR. CARL WARREN, Editorial Department, New York Daily News; MR. FREDERIC A. WILLIS, Assistant to the President, Columbia Broadcasting System

## Luncheon Session 12:30 P.M.

- Presiding:** DR. I. OGDEN WOODRUFF, President, New York Tuberculosis and Health Association  
**Speakers:** HON. FIORELLO H. LA GUARDIA, Mayor of the City of New York  
 PROF. C.-E. A. WINSLOW, Director, Yale School of Public Health

## The Drama of Syphilis

## Four Afternoon Sessions 3:00 P.M.

- Subject:** Educating Young People for Social Health and Family Life  
**Presiding:** PROF. MAURICE A. BIGELOW, Director, School of Practical Arts, Teachers College

- Speakers:** PROF. JOSEPH K. FOLSOM, Department of Economics and Sociology, Vassar College; PROF. A. GORDON DEWEY, Department of Government and Sociology, Brooklyn College; DR. A. S. BLUMGARTEN, Lecturer, New School for Social Research
- Discussion:** DR. JESSE F. WILLIAMS, Professor of Physical Education, Teachers College; DR. CAROLINE B. ZACHRY, Director of Research, Progressive Education Association
- Subject:** Syphilis and Gonorrhea as Hospital Problems
- Presiding:** DR. ALFRED T. OSGOOD, Chairman, Social Hygiene Committee, New York Tuberculosis and Health Association
- Speakers:** DR. E. H. L. CORWIN, Secretary, Public Health Committee, Committee on Public Health Relations, New York Academy of Medicine; DR. E. M. BLUESTONE, Director, Montefiore Hospital; DR. WALTER CLARKE, Director, Bureau of Social Hygiene, Department of Health; Administrative Consultant on Syphilis, Department of Hospitals
- Discussion:** DR. GEORGE W. KOSMAK, Editor of American Journal of Obstetrics and Gynecology; DR. EMILY D. BARRINGER, Gynecologist, Kingston Avenue Hospital
- Subject:** The Family and Venereal Diseases—As Viewed by a Minister, a Physician and a Sociologist
- Presiding:** LT.-COL. JOHN J. ALLAN, Salvation Army
- Speakers:** REV. JOHN HOWLAND LATHROP, D.D., Church of the Saviour, Brooklyn Heights; DR. VICTOR C. PEDERSEN, General Secretary-Director, The Institute of Family Relations; DR. ROY E. BABER, Professor of Sociology, New York University
- Subject:** Syphilis—The Great Imitator
- Presiding:** DR. DAVID J. KALISKI, Syphilologist, Beth Israel Hospital
- Speakers:** Syphilis and Eye Diseases, DR. CONRAD BERENS, Directing Surgeon, The Lighthouse Eye Clinic; Syphilis and Heart Diseases, DR. EDWIN P. MAYNARD, JR., Chairman, Committee on Syphilis and Heart Disease, New York Tuberculosis and Health Association; Syphilis and the Nervous System, DR. E. D. FRIEDMAN, Professor of Neurology, New York University College of Medicine; Syphilis and Pregnancy, DR. MORTIMER SPEISER, Assistant Attending Obstetrician and Gynecologist, Bellevue Hospital

**Alabama.** The Birmingham Social Hygiene Association, the Alabama Federation of Women's Clubs and the Civitan Club were among the Alabama groups cooperating with the state and local health departments in the campaign against syphilis. A special drive was made during the month of February beginning on Social Hygiene Day. The Birmingham Health Department purchased a copy of *For All Our Sakes* and is using it throughout the state. The State Health Department broadcast *A Social Hygiene Message to All Americans* on February 3rd.

**Arizona: Phoenix.** The Arizona State Nurses' Association, District #1 devoted their regular meeting on Saturday, February 6th, to the observance of Social Hygiene Day.

**Arkansas: Little Rock—Arkansas State Board of Health.** Dr. W. B. Grayson, State Health Officer, writes: "I believe that a day should be set aside next February for a Social Hygiene Day. I am very sorry that this department was unable to make much of a showing this year, but we were confronted with a very serious problem of floods in the Eastern part of our State, which demanded all of our time. It is hoped, however, that we may be able to make

a better report next year." (Groups in Fort Smith and elsewhere in Arkansas held several meetings. See page 173.)

**California: State Conference of Lions Clubs.** Mr. John H. Correll, Executive Secretary, in forwarding a resolution in support of the social hygiene program adopted at the State Conference in Fresno in January, writes:

"While time does not permit us to organize for participation in National Social Hygiene Day February third, it is the intention of the Fourth District of Lions International to follow through on a program as suggested in the resolution heretofore quoted. A committee will be appointed to map out a program for the District with the result that this phase of social hygiene will probably be adopted as a year-round activity. Any suggestions and further material you may recommend to us to aid in building an effective program will be sincerely appreciated."

**California: Los Angeles.** Several agencies joined in sponsoring an all day Conference program on Wednesday, February 3rd (see page 174). The program was as follows:

#### 2:30 P.M. AFTERNOON SESSION

**Presiding:** MRS. W. R. GODDARD, President, Los Angeles Tenth District California Congress of Parents and Teachers

**Subject:** Social Hygiene in Daily Life

DR. ROSWELL HILL JOHNSON, President, California Division of the American Eugenics Society; Director, Department of Personal Service, Institute of Family Relations; former Executive Secretary, Honolulu Social Hygiene Society

#### 3:15 P.M. Discussion

##### 3:30 P.M. Round Table Discussion Groups

1. *Social Hygiene Legislation.* What are the laws of California? Are they enforced? What laws are now before the state legislature? The responsibilities of parents and citizens

**Chairman:** Christopher G. Ruess, director of education, County Probation Department

**Consultants:** Mrs. L. A. Barnard, director of health, Los Angeles Tenth District California Congress of Parents and Teachers  
John Henderson Pelletier, attorney  
Dr. Roswell H. Johnson

2. *Shall the State Require a Compulsory Physical Examination Before Marriage?* The practice of other states. What would be a good law? Could it be enforced? Who would do the work? Who would pay for it? What results could be expected? Present facilities for voluntary examination

**Chairman:** Dr. Edwin O. Palmer, president, Southern California Society for Mental Hygiene

**Consultants:** Dr. Nadina R. Kavinoky, gynecologist  
Kryne van den Akker, attorney  
Dr. Paul Popenoe, director, Institute of Family Relations

3. *Protecting Children from Syphilis and Gonorrhea.* The problem of congenital syphilis. "Syphilis of the innocent." Accidental infections of gonorrhea. Public health education and sex education

**Chairman:** Mrs. Gertrude S. Hasbrouck, department of education, Institute of Family Relations

**Consultants:** Miss Eloise A. Hafford, Ruth Home  
Dr. Lola Pedlow, director of women's venereal disease division, City Health Department  
Miss Eunice Lamona, R.N., chief nurse, Los Angeles Board of Education

4. *Protecting Our Youth.* Institutions and influences tending toward delinquency. The movies, radio, and magazines. The liquor situation in Los Angeles. Discipline in the home. The rôle of the church and Sunday school. Teaching and social life in the high school

**Chairman:** Mrs. Theresa Mahler, parent education manager, Los Angeles Tenth District California Congress of Parents and Teachers

**Consultants:** Mrs. Leo B. Hedges, State Motion Picture Chairman, *Movies, Radio, and Magazines*  
Mrs. Fenna B. Simms, counsellor, Institute of Family Relations, *Discipline in the Home*  
Mrs. Margaret Vandervort, chairman Hollywood Co-ordinating Council, *Liquor Situation in Los Angeles* and *The Rôle of the Church and the Sunday School*  
Mrs. Mildred Brown, girls' vice principal, Fairfax High School, *Teaching and Social Life in the High Schools*

Showing of the new talking-slide film, *For All Our Sakes*  
During the afternoon a special exhibit of books on social hygiene was displayed by the Los Angeles Public Library. This exhibit was maintained in the main library, Fifth and Hope, during the rest of the week, for the inspection of all interested.

#### 8:00 P.M. Evening Session

**Chairman:** Mrs. Edmond M. Lazard, president of Los Angeles League of Women Voters

**Subject:** A Fact-Finding Survey of the Community

1. *The protection of youth in Los Angeles.* Is enough wholesome recreation available? What is the liquor situation today? What are the schools and churches doing. Character-building agencies vs. deteriorating influences. What more is necessary?

Report by Dr. Robert J. McKibben, director of the All Nations Foundation

2. *The medical situation in Los Angeles.* What is the frequency of syphilis and gonorrhea? What is being done to combat them? What more is necessary?

Report by Dr. Elmer Belt, chairman, subcommittee on social hygiene, Los Angeles Council of Social Agencies

*Discussion from the floor*

*Discussion closed by the chairman*

#### 9:15 P.M.

Showing of the talking-slide film, *For All Our Sakes*

The Southern California Public Health Association was also among the organizations holding social hygiene meetings near February 3rd, its Annual Meeting occurring on Thursday, February 11th and the program being given over to a panel discussion on

regional problems and state legislation concerning venereal diseases. Representatives of the United States Public Health Service, the California State Department of Health and the Southern California Association for the Study and Prevention of Syphilis and Gonorrhea participated.

**California: Redlands.** Dr. Glen E. Carson, Professor of Sociology, University of Redlands, and President of the Council of Social Agencies, reporting 60 in attendance at a meeting of the Kiwanis Club where he spoke, says: "Three other clubs have asked me to speak, also plan a county-wide conference on health in April."

**California: San Francisco.** Miss Perle Dow, Secretary of the San Francisco Health Council, sends us the following report:

In observance of National Social Hygiene Day, the Social Hygiene Committee of the Health Council of the San Francisco Community Chest presented an educational program on *Social Disease—A Major Public Health Problem*, February 3, 1937, at the Women's City Club. The program included a morning session for social workers, a luncheon for the general public, and an afternoon session for members of women's clubs, church auxiliaries, parent-teacher units, volunteer workers of social agencies, schools and other representative groups. Topics and speakers were as follows:

#### 10:30 A.M.—Session for Social Workers

*The Extent of the Problem*—DR. JOHN GRAVES, of the University Medical School

*The Solution of the Problem*—DR. CHARLES BARNETT, Chairman of the Social Hygiene Committee, and Assistant Professor of Medicine at Stanford University

*Difficulties Involved in Solution*—DR. GEORGE H. BECKER, Director of the Bureau of Communicable Diseases, San Francisco Department of Public Health, and a member of the Social Hygiene Committee

#### 12:15 P.M.—Luncheon for the General Public

*A National Declaration of War*—DR. J. C. GEIGER, Director of Public Health, San Francisco

#### 1:45 P.M.—Lecture for Representative Groups

*Syphilis and Its Control*—DR. J. P. GRAY, Assistant Health Officer. San Francisco Department of Public Health

At the morning meeting, Miss Juliet Eisendrath, Chairman of the American Association of Medical Social Workers, Northern California District, presided. Dr. Barnett, Chairman of the Committee on Social Hygiene, presided at the other two sessions. The telegram of greetings from the American Social Hygiene Association was read at all meetings and literature and printed matter supplied by the Association were placed on tables at the door. A large amount was taken away by interested people. The Health Chairman of the local Parent Teachers Association requested and was given all the printed matter left after the meetings.

Despite many conflicting meetings on February 3, and an epidemic of influenza, there were present 127 social workers at the morning session; 70 people at luncheon; and 116 people at the afternoon lecture. At the luncheon and afternoon meetings, those present represented: P.T.A. units; the schools; church auxiliaries; social and health agencies; women's clubs; and interested people who listed no organization affiliations.

The press was invited to all meetings. Their reports, together with releases from the Chest publicity staff, totaled 17 stories on the day's program in the daily newspapers. Much interest has been aroused by the publicity campaign of the *San Francisco News*, a Scripps-Howard paper, on syphilis and venereal disease. Beginning January 14, 1937, with a series of educational feature articles spread on the first page of the second section, the *News* has carried daily features and news stories. An unusual feature is a series of case histories collected and written by a staff-writer of the paper.

Membership of the reorganized Social Hygiene Committee of the Community Chest Health Council, which was responsible for the meetings, include: Dr. Barnett, Chairman, Dr. Becker, and Dr. Hiram Miller, Clinical Professor of Dermatology, University of California Hospital.

The Family Relations Center at 1200 Hyde Street devoted its regular monthly meeting to Social Hygiene Day, holding an evening session with Dr. Samuel Goldman addressing the group on the *Effect of Syphilis on Family Life*, with Dr. Ellen Stadtmuller of the State Department of Health as Chairman.

**Colorado.** Social Hygiene Day was observed by the Council of State Wide Health Agencies which held a special meeting on February 3rd in **Denver** for the purpose of hearing a report on the Washington Conference on Venereal Disease Work and considering state-wide action. Resolutions in support of the national campaign were adopted.

**Connecticut.** Among the communities observing Social Hygiene Day were Ansonia, Bridgeport, Hartford, New Haven, New Britain and Waterbury. All of the events were conducted in cooperation with state and local departments of health. The Young Men's Christian Association in **Bridgeport** was addressed by Doctor Richard O'Brien Shea, Health Officer, with a film showing. In **Ansonia** Doctor Howard W. Haggard addressed the Lower Naugatuck Valley Firemen's club at its February session. Members were asked to invite apprentices and younger men from their plants. **Hartford** having had a mass meeting the middle of January and planning a second one the middle of February, contented itself with a number of small meetings showing the film *For All Our Sakes* on February 3rd. Among these was a group of 500 young men employed by the Travelers Insurance Company. Dr. Henry P. Talbot, Director of the Bureau of Venereal Disease of the State Department of Health gave a radio talk on February 2nd. In

**New Haven** the City Department of health sponsored numerous community meetings during the week of Social Hygiene Day. February is Health Month in New Haven and Social Hygiene Day tied in very well. The *New Haven Sunday Register* published a special health section during the month of February which contained a good deal of social hygiene information. The principal event of the Social Hygiene Day observances in New Haven was a public meeting on the afternoon of February 3rd under the slogan *Community Action Against Venereal Diseases*.

**Delaware.** Dr. A. C. Jost, Executive Secretary of the State Board of Health, sending in a report on state activities in connection with Social Hygiene Day says: "Since that time the film *For All Our Sakes* has been shown to a number of organizations or groups in the state." A community social hygiene committee is in process of organization in **Wilmington**.

**District of Columbia.** The District of Columbia Social Hygiene Society as its chief event in observance of Social Hygiene Day held a luncheon meeting for members of the society with Assistant Surgeon General R. A. Vonderlehr, Dr. George C. Ruhland, District Health Officer, and Captain Rhoda Millikan of the Police Department as speakers. Most of the officers and members participated in the numerous other meetings held by various groups throughout the district within the next day or so. These included a mass meeting of 370 members of Negro Parent Teacher Associations.

**Florida.** The Florida Social Hygiene Council was obliged to delay the observance of Social Hygiene Day for various reasons. During the week of March 14-17 the State Conference of Social Work held at **Ocala** invited Doctor Walter Clarke to address them and hold a round table. A number of Rotary Clubs have held social hygiene programs. At **West Palm Beach** the Florida Women's League of Better Government held a meeting and adopted resolutions in support of the national program.

**Georgia: Atlanta—Georgia Social Hygiene Council.** This state group held its Annual Meeting, a Regional Conference, with an attendance of 300. The program:

**Tuesday, February 2, Evening Session 8:15 P.M.**

<i>Opening Prayer</i>	Rev. W. H. Knight
<i>Statement of the Issues</i>	Ralph E. Wager
<i>The Problem in Georgia</i>	S. Ross Brown, M.D.
<i>(Showing of film For All Our Sakes)</i>	

**Wednesday, February 3, Morning Session 10:00 A.M.**

**Presiding:** Major General James H. Reeves, President Atlanta Chapter American Red Cross

**Speakers:** *What syphilis does; what gonorrhea does*—E. D. Colvin, M.D.  
*The Issue as Seen by:*

- A Preacher*—Rev. Herman Turner \*
- A Parent*—Mrs. J. O'H. Sanders
- A Social Worker*—Frank Miller
- An Adolescent*—Jack McMichael

\* See page 135.



**Luncheon Session 12:30 P.M.**

**Presiding:** Robert F. Maddox, Chairman, State Board of Health  
**Speakers:** *The Economic Value of Health*, B. H. Minchew, M.D.  
*As I See It*, Major-General Van Horn Moseley

**Afternoon Session 2:30 P.M.**

**Presiding:** J. R. McCain, President Agnes Scott College  
**Subject:** Educating Youth for Social Health and Family Life  
**Speaker:** Mrs. H. Stewart Wooten

**Open Discussion**

The findings of the Conference were expressed as follows:

"The Georgia Social Hygiene Council, in its annual meeting for 1937, called for the purpose of considering the issues involved in the widespread occurrence of syphilis and gonorrhea, records its convictions as follows:

That in the ravages of these diseases the people of our country face a subtle danger second to none: they are the enemy already within our gates; that in the suffering, inefficiency, disease and death for which they are accountable, an inestimable loss is undergone; that in the fact that they strike both men and women in the early years of life lies a factor of supreme significance; that the morbidity attendant upon their incidence is likewise to be taken account of. To rid ourselves of these diseases is a challenge to all.

That in the effort to overcome them, the following phases must be recognized:

1. A continuous program of education as to the causes, effects, both physical and mental, of their incidence and,
2. The setting up of adequate medical and clinical facilities for counsel, treatment, and the making of appropriate investigations and,
3. The creation through understanding of a disposition, and a necessity for those not so disposed, to make use of them in immediate treatment, through the use of legal measures if necessary.

That the basic factor in the carrying forward of an educational program is the necessity for complete cooperation by all agencies—the home, the church, the school, the newspaper and the radio.

That we therefore call upon the homes of our state, in its pulpits, schools, newspapers and radio-sending stations to open themselves freely to these forces: honesty, sincerity and earnestness in spreading understanding concerning the causes and consequences, both physical and mental, of the diseases of syphilis and gonorrhea."

Professor Wager, Council President, reports that out of this event is growing a special committee of from 50 to 100 persons, pledged to carry on state-wide activities in accordance with these findings.

**Idaho.** At **Kellogg** one community meeting and five special group meetings were held under the auspices of the Young Woman's Chris-

tian Association, with a total attendance of 150. The Nez Perce County Health Department with headquarters at **Lewiston**, showed *For All Our Sakes* to four groups on February 3rd—student teachers, CCC boys, the faculty of Lewiston schools and the American Legion. Doctor M. W. Caskey, the department's director, writes "Every one seemed pleased with the program and evinced much interest in the syphilis program. The total attendance at these meetings was over 500.

**Illinois.** In **Chicago** the Illinois Social Hygiene League held a Regional Conference which numerous local groups joined in sponsoring. The program was as follows:

#### 12:30 Noon, Luncheon Meeting

*For Heads of Social Service Departments, Medical Social Workers, and Public Health Supervisors and Executives*

**Presiding:** MISS HELEN BECKLEY, Cook County School of Nursing, Director of Social Service, Cook County Hospital

**Introductory Remarks:** RACHELLE S. YARROS, M.D., Secretary, Illinois Social Hygiene League

**Subject:** *The Part That Social Workers and Public Health Nurses Can Play in the Prevention and Control of Venereal Diseases*

**Speaker:** MRS. NORMAN INGRAHAM, Chief Social Worker, Department of Dermatology, Hospital of University of Pennsylvania

#### Round Table Discussion

**Summary:** MRS. NORMAN INGRAHAM

#### 4:00 P.M., Afternoon Conference

*For Principals, Science Teachers, Health and Physical Education Directors, Leaders of Child Study and Parent Teacher Organizations*

**Presiding:** MR. CARLETON WASHBURN, Superintendent of Schools, Winnetka, Illinois

**Introductory Remarks:** *The Part That Social Hygiene Has Played in Sex Education*, RACHELLE S. YARROS, M.D., Secretary, Illinois Social Hygiene League

**Subject:** *How Can Sex Education be Integrated in Connection with the Existing School Curriculum and What We Can Do for the Education of Young Adolescents Outside of School*

**Speaker:** MR. EARL GOUDEY, Commission on Human Relations, Progressive Education Association

#### Round Table Discussion

**Summary:** MR. CARLETON WASHBURN

#### 6:30 P.M., Dinner Meeting

##### Open Meeting

**Presiding:** DR. LOUIS E. SCHMIDT, President, Illinois Social Hygiene League

**Subject:** *A Social Hygiene Program: The Contribution It Has Made in the Control and Prevention of Venereal Diseases and the Part It Should Play in an Effective Health and Welfare Program for the Future*

**Speakers:** DR. WILLIAM ALLEN PUSEY, Former President, American Medical Association and Professor Emeritus, Department of Dermatology, University of Illinois; MR. SAMUEL A. GOLDSMITH, Executive Director, Jewish Charities of Chicago

*Social Hygiene Contributions Made by Leading Women's Clubs*, MRS. HENRY HOYT HILTON, Past President, Chicago Woman's Club

*Reports from Luncheon and Afternoon Conferences.*

*What Next in Social Hygiene?*, RACHELLE S. YARROS, M.D., Secretary Illinois Social Hygiene League

**Illinois.** In addition to the programs carried out in Chicago, Social Hygiene Day was widely observed throughout the state under the auspices of the State Department of Public Health and local social hygiene committees. Doctor Grace S. Wightman, Chief of the Division of Child Hygiene and Public Health Nursing, writes: "If you could see our correspondence, the many letters which come in for Mrs. Margaret Wells Wood's services, the numerous requests for literature, reading lists and study helps, I believe you'd agree with me in saying that every day is a Social Hygiene Day in this Division."

The steady intensive program carried on in Illinois for the past few years, and especially during 1936 and 1937, with Mrs. Wood as social hygiene field worker has resulted in a goodly number of new social hygiene societies and more in the process of formation.\* One of the most interesting Social Hygiene Day programs was in **Robinson**, a community of about 4,000, where the First Annual Meeting of the Robinson Social Hygiene Committee was held on February 3rd. The program followed a dinner meeting and included the presentation of annual reports of the Secretary, Mrs. Perry Graves, the Treasurer, Reverend Paul Hubels and the Chairman, P. K. Houdek. A report on the Pre-Marital Study Class, conducted by the committee, was made; the record *A Social Hygiene Message to All Americans* was played and the talking slide film *For All Our Sakes* shown. This was followed by general discussion, the inspection of a display of pamphlets arranged by the committee, and the adoption of resolutions in support of the national social hygiene campaign. Fifty-eight people attended this meeting. In addition to this community meeting the Rotary Club devoted its weekly session to social hygiene and the Robinson daily newspapers provided full accounts of the sessions.

**Indiana: Fort Wayne.** Fort Wayne is one of the communities where enthusiasm ran high, 500 persons attending the meeting arranged by the Health Department and the Fort Wayne Medical Society, with 200 more turned away for lack of room. The program presented at this meeting was as follows:

**Presiding:** Dr. Foster Buckner, Chairman of the Public Health and Legislative Committee of the Fort Wayne Medical Society

**Speakers:** *Common Manifestations of Syphilis*, Dr. S. R. Mercer, Dermatologist  
*Syphilis in Pregnancy*, Dr. Chas. J. Rothschild, Gynecologist and Obstetrician

\* Outside of Chicago social hygiene groups now exist in Beardstown, Danville, Evanston, Harrisburg, Robinson, Rock Island, Springfield, Champaign and Urbana.

*Common Manifestations of Gonorrhea*, Dr. W. C. Wright  
*The Importance of the Wassermann Test*, Dr. B. W. Rhamy, serologist  
*Syphilis as an Acute Contagious Disease and Methods of Controlling It*, Dr. Karl C. Eberly, City Health Officer

Showing of the film *For All Our Sakes*

Radio address by Mayor Harry W. Baals followed by Dr. A. J. Sparks, genitourinary specialist, Venereal Diseases

Dr. Eberly writes: "National Social Hygiene Day was built up very nicely by both our local newspapers but particularly the *News-Sentinel*.\* Since that time there has been a great demand by the civic clubs and some of the churches for the film *For All Our Sakes*.

The members of the Medical Society agreed to report their new cases and also the cases they have under observation and treatment. It was also voted to support this movement 100%. At an early date a public meeting in a larger hall will be given. Weekly articles will appear at a certain place in the newspaper on a certain day and radio speeches will be given weekly." The Fort Wayne League Against Venereal Diseases is being formed.

**Iowa: Iowa Joint Social Hygiene Committee.** The *Iowa Parent-Teacher* in its March number gives a full account of the Committee's observance of Social Hygiene Day. We quote a few extracts:

"On the first National Social Hygiene Day, February 3, 1937, set by the American Social Hygiene Association, a luncheon and general meeting of the Iowa Joint Social Hygiene Committee was held in Des Moines, with 55 persons present, and Dr. Verplanck Magdsick of Charles City, Health Vice-President for the Iowa Congress of Parents and Teachers, presiding. Dr. Walter Bierring, State Health Commissioner, as the principal speaker, explained Iowa's program for combating syphilis and gonorrhea and urged the cooperation of all voluntary groups. He announced that "every newspaper of the state has opened its columns to us in the attack upon these diseases, in which youth are the real victims. In one generation we may eliminate syphilis." Dr. Bierring also announced that the addresses by Dr. Wilbur and Surgeon General Parran would be broadcast from station KSO, and supplemented his talk by showing *For All Our Sakes*. Committee-chairmen from various groups reported 2,200 women in parent-education groups, 2,300 people enrolled in radio child study clubs, study by mothers' clubs and programs in the Iowa Federation of Women's Clubs, all of these including in their work some phase of social hygiene. Dr. Sara B. Kalar of Iowa State College asked that more knowledge be spread among students, "not that they are so bad, but because there has been a tendency among faculties to hush all mention of information of this kind." It was reported that the pages on "syphilis" in encyclopedias are more thumbed than any others in the reference libraries.

The resolution suggested by the American Social Hygiene Association (see page 169) was adopted, and a committee of five, with Dr. Bierring as chairman, was appointed to work in furtherance of the

\* See pages 108 and 110.

objectives named. Other members of the committee are Mrs. Charles Pye, Mrs. Eugene Cutler, Mrs. S. E. Lincoln, Dr. Madgsick and Mrs. Rosa Cunningham.

**Iowa: Cedar Falls.** While the State Committee was conferring in Des Moines, a group of 125 citizens, marshalled by Mrs. Hans B. Holst, house-wife, a former registered nurse in the government hospital at Copenhagen, Denmark, and a member of the American Social Hygiene Association, came together on the evening of February 3, in this town of 7,500. Cooperating were the local medical and dental societies, the W. C. T. U., Woman's Club, Parent-Teacher Council, Ministerial Association, the American Legion Post and Auxiliary, the Commercial Club and other groups. Dr. Marvin Haygood, Deputy State Health Commissioner, came up from Des Moines to speak and show *For All Our Sakes*. Local radios tuned in on *A Social Hygiene Message to All Americans* broadcast from WMT at 5.15 and the record was played again at the evening meeting. Resolutions were adopted in support of the national campaign and the community is looking forward to further action. Local newspapers provided generous publicity, and Mrs. Holst writes "your grand posters were all on display in three windows on Main Street."

**Kansas.** The State Board of Health took the lead in organizing the observance of Social Hygiene Day in Kansas, with meetings in **Topeka, Horton, Parsons, Lewis, Pittsburgh** and other communities throughout the state. The State Medical Association joined in sponsorship of these occasions. In Topeka, with the Parent Teacher Association and about 50 civic organizations cooperating, the following program was carried out:

**Wednesday, February 3, 1937, 8:00 P.M.**

Music by High School Orchestra

Ushers, Hi-Y Club

*Introduction* of Dean John Warren Day, presiding Chairman, Mrs. James Whipple

*Venereal Disease and Its Diagnosis*, Dr. J. L. Lattimore, Director of Lattimore Laboratories, Topeka, Kansas

*Congenital Syphilis*, Dr. Chas. C. Dennie of the Faculty of the University of Kansas Medical School, and Director of the Congenital Syphilis Clinic of Mercy Hospital, Kansas City, Mo.

*Neuro-Syphilis*, Dr. Wm. C. Menninger, Menninger Clinic, Topeka, Kansas

*Economic Aspects of Venereal Disease*, G. Clay Baker, Chairman Workmens' Compensation Commission, Topeka, Kansas

*The Venereal Disease Problem from a Corporation Point of View*, Dr. Forrest L. Loveland, Medical Director, John Morrell & Company, Topeka, Kansas

*Venereal Disease Control*, Dr. R. H. Riedel, Director of the Division of Venereal Diseases of the State Department of Health, Topeka, Kansas

*Treatment of Venereal Disease in the Indigent*, Dr. Arthur D. Gray, Director of the Municipal Venereal Disease Clinic, Topeka Kansas

A letter from Dr. Robert H. Riedel, says: "National Social Hygiene Day has attracted more attention than we anticipated. We

decided to proceed with a modest program here in Topeka, but found that several other communities were putting on their own programs. There is a widespread interest in venereal disease, and a great demand for educational programs among the various lay organizations. Because of the lack of funds for personnel and travelling expense to supply speakers for these occasions we have responded only on requests. I am afraid the demand will be greater than we can comply with if the interest continues as it has, and it will be of great help if you would assist us wherever you can."

**Kentucky.** Many of Kentucky's communities were under water on February 3rd but a splendid social hygiene spirit prevailed for all that. Miss Margaret Flynn, Secretary of the Kentucky Social Hygiene Association, which works under the auspices of the State Department of Health, writes: "Needless to say National Social Hygiene Day meant nothing in Louisville, as we were up to our ears in water, mud and trouble on that date. However, we had planned to observe the day at the Health and Home Show at the Armory, and were arranging to have a Social Hygiene luncheon. I am sorry, but am hopeful that we may take up the program again in a few weeks when we have all the mud washed off."

On March 11th the State Department of Health made good on its promise and broadcast *A Social Hygiene Message* over station WAVE. An exhibit of materials was also put on by the Federation of Women's Clubs at the armory in **Louisville** in cooperation with the City Health Officer, Dr. Hugh R. Leavell.

Dr. R. D. Higgins, Director of the **Boyd County** Health Department at Ashland writes "quite a bit of our mail was lost during the recent flood and we think the social hygiene kit which you sent us must have been among it. May we have another one?" "Through your cooperation and our hard work we hope that we may ultimately reach the goal set by Doctor Parran. It is a point to be coveted by any community."

In **Lexington**, the Lions Club had planned a meeting around February 3rd but flood conditions prevented. The meeting was set forward for March 17th when the club was addressed by Dr. W. F. Ossenfort of the United States Public Health Service Hospital. Resolutions were adopted and a special committee for a continuing program was appointed. Mr. Lon B. Rogers, Attorney, writes: "Our committee is named for Lexington's best known social worker, Miss Linda Neville, who has cared for many babies blinded by syphilis. We expect to continue the work, for the care of the blind is an objective of Lionism. We are planning to get each Lions Club in Kentucky interested in this work, looking towards the education of the public to the need for eradicating these diseases and this sort of blindness."

**Louisiana: New Orleans.** Mrs. L. Towson Ellis, Executive Secretary of the Social Hygiene Association of New Orleans, reports that



### NATION-WIDE NEWSPAPER COOPERATION

The Association's General Director, Dr. William F. Snow, inspects some of the 5,000 newspaper clippings which have been received in the last few months in the national office regarding the campaign against syphilis and gonorrhea. Every state, the District of Columbia, Hawaii and Alaska are represented. In addition to news stories of local activities and editorial comments, many papers have printed specially written series of feature articles, with illustrations and display headings.



#### STATE AND COMMUNITY OBSERVATION

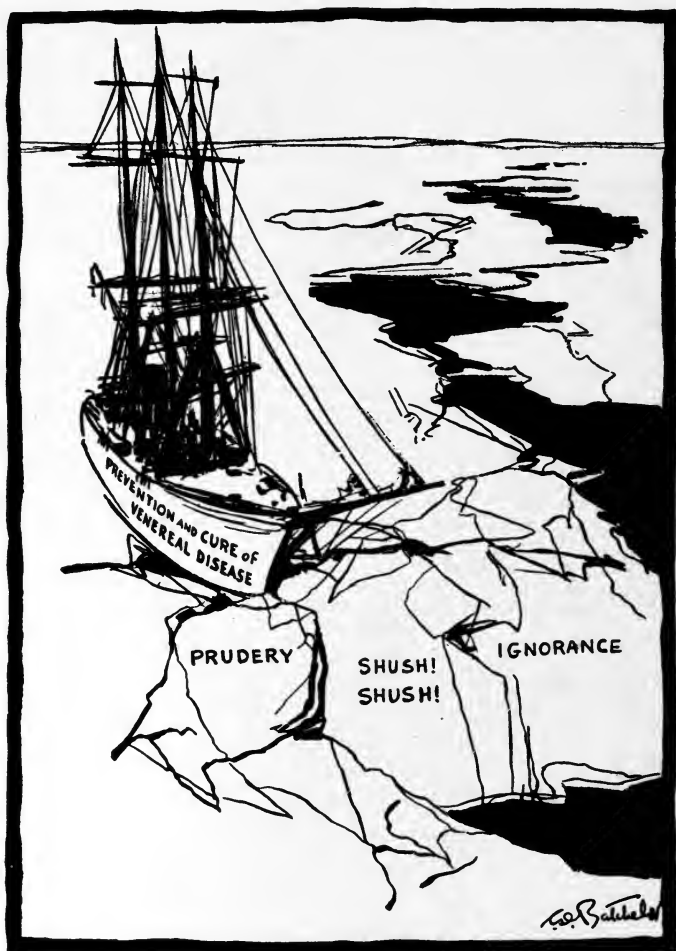
While it is impossible to show full particulars in such small compass, this report is intended to give a general impression of the work done by the Association. In states where few or no meetings are reported as well as in those where many are reported, the work is being done.





NATIONAL SOCIAL HYGIENE DAY

o indicates the wide participation in Social Hygiene Day activities, as reported where an active program of education is being carried on through newspapers.



Courtesy of Emerson Books, Inc.

*The Ice Pack Breaks Up*

**NATIONAL SOCIAL HYGIENE DAY**

**February 3, 1937**

**THE OFFICIAL SOCIAL HYGIENE DAY POSTER**

An original cartoon, by C. D. Batchelor of the *New York Daily News* staff, used widely in libraries, store-windows and elsewhere to announce meetings and other programs.

400 persons attended the community meeting held on Social Hygiene Day by the Association and cooperating agencies in the auditorium of Tulane Medical School. "It was a most representative group—doctors, students, social workers, teachers, ministers, nuns, superintendents of asylums and many others. Dr. W. H. Perkins, retiring president of the Association, addressed the meeting, and Dr. Batchelor, president of the City Board of Health, spoke briefly in presenting the film *For All Our Sakes*. The final address was given by Ralph E. Boothby, newly elected president. More publicity than ever before accorded to a social hygiene meeting was given by both morning and evening newspapers. The record *A Social Hygiene Message to All Americans* was broadcast. Altogether, we consider National Social Hygiene Day here a marked success."

**Louisiana: Minden.** Dr. W. Carroll Summer, Director Webster Parish Health Unit, writes "The Minden Lions Club has agreed to purchase the record *A Social Hygiene Message to All Americans* for use at their meeting on February 4th and later to be used in the schools. Please send us more information about the talking-slide-film *For All Our Sakes*."

**Maine: Waterville.** Dr. Arthur R. Daviau, Health Officer, writes: "Circulars furnished by the State Bureau of Health, stating the object of Social Hygiene Day were mailed to all priests, ministers, principals of schools and presidents of various welfare clubs in Waterville. An article written by myself about the meaning of this Day appeared in our local paper. In the article I also recommended that our citizens listen to another radio talk about this important subject, as had been listed for that day. The Sunday following Social Hygiene Day, a sermon was preached in one of the Catholic churches on venereal diseases, and this I consider one of the most important gains recently made."

**NOTE:** The Maine State Bureau of Health purchased five copies of the record *A Social Hygiene Message* for broadcasting throughout the state and permanent use.

**Maryland: Baltimore.** At a meeting of the Baltimore City Medical Society, held in Osler Hall on February 5, the following resolution, submitted by Dr. Joseph Earle Moore, was adopted by the Society:

**RESOLVED,** That the Baltimore City Medical Society, in view of the seriousness of the health and economic aspects of the problem of syphilis as it presents itself in Baltimore, request the City Health Department to take such steps as may be practicable in organizing a campaign for the control of this disease, and be it further

**RESOLVED,** That the members of the Society cooperate with the Health Department in this important work and that the intimate relationship which now exists between the private physician and his patient be maintained to the fullest possible degree.

The presentation of the resolution, which was seconded by Dr. Frank S. Lynn, followed a showing of the Baltimore edition of the

talking slide film entitled *For All Our Sakes* that had been arranged by the City Health Department with the assistance of Dr. Robert P. Bay, President of the Medical Society; the United States Public Health Service and the American Social Hygiene Association.

**Massachusetts.** The Massachusetts Society for Social Hygiene reports on Social Hygiene Day activities in its February bulletin most interestingly and enthusiastically: "The purpose of National Social Hygiene Day was to focus the attention of thinking people upon the problems of social hygiene and to infuse into the public consciousness an active interest in social hygiene education. The greatest need in this community seemed to call for an effort to encourage the press and the radio to accept the fact that the problems in which we are so vitally interested are legitimate subjects for popular discussion.

"The task was the more difficult because we had no spectacular plans with sufficient news value to entice news editors to give us space. In spite of this, news articles and editorials on social hygiene subjects have appeared in daily and weekly newspapers all over the State, where hitherto silence has reigned. We believe, therefore, that the results of our activities represent a definitely awakened interest on the part of newspaper editors upon which we can build in the future. We may now hope for a freer accessibility to this channel of popular education.

"Our efforts with the radio broadcasting companies have also convinced us that it may not be long now before that channel, too, will be open. We encountered a general feeling of interest and sympathy but an unwillingness to be the first to sponsor a program on the air. Two of our local radio station managers in Massachusetts were courageous enough to dare that bugaboo, "listener reaction," and to hand over their microphones to representatives of this Society. They were Mr. A. W. Marlin of Station WMAS in **Springfield** and Mr. Robert Donohue of Station WLLH in **Lowell**. Dr. Edward C. Sullivan delivered a fifteen-minute address on syphilis over WMAS at seven o'clock, Wednesday evening, February 3, and the same night at ten o'clock, Dr. Harold L. Leland spoke from WLLH, with particular reference to the problems of gonorrhea and syphilis.

"Another scheme of which we made use was a personal appeal to the clergy for their assistance through the pulpit. Here we obtained some interesting responses. Many requests for literature, advice and assistance have come into our office from ministers and church workers as a result of this appeal. One minister preached a sermon based on the material which we gave him and a newspaper in Boston printed a detailed report of what he said.

"Our lecturers, too, have all been busy as usual and have not failed to call special attention to this campaign which is sweeping the country. All four gave talks on National Social Hygiene Day, Dr. McGillicuddy in **Somerville**, Mr. Dearborn in **Charlestown**, Dr. Men-

denhall in **Haverhill** and Dr. Lium in **Fitchburg**. Our office has been besieged as never before for pamphlets, books and information, and our Bulletin mailing list is growing rapidly. A window display on one of Boston's busy downtown streets has brought many people to our office who never before knew where they could obtain such help and advice as we can give.

"The most unusual display of community interest in the subject was demonstrated in **Pittsfield**. Thanks to the untiring and whole-hearted work of several public-spirited social workers, and nurses in the Berkshire community, more than twelve hundred men and women thronged the High School Auditorium on that cold night of February third to hear Dr. Nels A. Nelson talk about gonorrhea and syphilis. The film *For All Our Sakes* was shown and Dr. Nelson talked for an hour and a half to a most responsive audience.

"There is no question but that the whole subject has been broken wide open and that from now on we may look for an imperious demand for authoritative information on the derivative problems of sex, especially the problems of syphilis and gonorrhea. It is the part of wisdom to be aware of certain dangers in the situation. We have been hoping and praying for a more receptive attitude on the part of the public. What we must avoid now is the hysterical demand for too much at once,—a hasty swallowing of ideas and enthusiasms which will be hard to digest and which bring a morning-after effect which may be far worse than the apathy which we have hitherto deplored. But we are very glad to spend our efforts to the limit in helping those who wish to engage in this work to proceed with wisdom and courage and a saving sense of proportion."

This encouraging report is supplemented by comments from some of the localities mentioned. The Reverend M. A. Kapp, Pastor of the First Universalist Church in **Fitchburg**, writes: "Parents and young people were invited to our meeting. I spoke about Social Hygiene Day, exhibited the poster *The Ice Pack Breaks Up* and spoke words of explanation about the transcription record which was played by means of an amplified victrola. Dr. Rolfe Lium then gave an address, mainly to the young people *Growing Up in the World Today*. He spent fully half his time dealing with the problem of syphilis in modern life. Copies of the Massachusetts Social Hygiene pamphlets were distributed. The group meeting organized itself and agreed to meet weekly for five meetings. This plan has been carried through, with numbers increasing at each meeting. Over 500 copies of various pamphlets have been distributed, and for the first time, there seems to be an interested and intelligent reaction on the part of many parents. I have written to three employers of a large number of men, asking for an opportunity to show *For All Our Sakes* and to distribute pamphlets. Dr. Helen McGillicuddy addressed a community forum—350 people—on *Preventing Social Disease*, making a fine impression and awakened considerable interest."

The Pittsfield invitation to the meeting is well worth reprinting:

January 25, 1937.

TO CIVIC AND SOCIAL ORGANIZATIONS IN PITTSFIELD, MASSACHUSETTS:

The United States Public Health Service is launching a campaign against "The Great Imitator", Syphilis, which attacks each year 500,000 people in the United States. This disease causes heart trouble, cerebral hemorrhage, hardening of the arteries, diseases of the liver, and a very large percentage of our insanity cases.

Did you know—that infantile paralysis killed 480 children and syphilis, probably all congenital, killed 575 children under 15 years of age in Massachusetts in 10 years?

Did you know—that if these mothers had had Wassermann blood tests done before the fifth month of pregnancy most of these deaths would not have occurred?

Did you know—that only one-third of the cases of syphilis reach medical attention in the early stages,—that is, less than one year from the date of infections?

Did you know—that Massachusetts hospitals for mental diseases admitted 4,465 patients during 18 years for insanity due to syphilis?

Did you know—that syphilis is a Disease and Not a Disgrace? It has been estimated that fifty per cent of the people who have syphilis are innocent victims.

Did you know—that in the United States in One Year there were 518,000 New cases of syphilis?

Did you know—that scarlet fever, tuberculosis, diphtheria, typhoid fever, infantile paralysis, and smallpox totaled only 429,311 cases for the same year? That is almost 100,000 less cases than syphilis.

How about the younger generation in your family? What are their chances of choosing a healthy partner for life and future happiness?

What can you do to help control the spread of this disease?

Come yourself, bring your friends, and your organization associates to the Pittsfield High School Auditorium on February 3, 1937, at 8 P.M., to hear Dr. Nels A. Nelson, Assistant Director of Communicable Diseases of the State Department of Health, Boston, give us further information on this vitally important subject.

This will be Pittsfield's part in the national observance of "Social Hygiene Day", sponsored by the American Social Hygiene Association and supported by the United States Public Health Service with the strong moral backing of President Franklin D. Roosevelt.

This letter is issued under the auspices of:

PUBLIC HEALTH DEPARTMENT, CITY OF PITTSFIELD,  
BERKSHIRE DISTRICT MEDICAL SOCIETY,  
HEALTH CONSERVATION COMMITTEE, CHAMBER OF COMMERCE,  
COUNCIL OF SOCIAL AGENCIES OF PITTSFIELD.

**Michigan.** Aside from the several meetings listed at different points in the state, a number of letters were received from agencies such as the **University of Michigan** at Ann Arbor, the North End Clinic in **Detroit**, and the **Women's Benefit Association** in Port Huron, voicing approval of the Social Hygiene Day project and promising cooperation in various ways. In **Lansing**, it was reported

that newspaper cooperation hitherto withheld had been recently generously extended.

**Minnesota.** Mr. L. P. Zimmerman, Administrator of the State Relief Agency at **St. Paul**, writes: "Our organization will exert to the best of its ability and facilities every effort toward assisting in your 1937 objective. We have been concerned with control of syphilis and gonorrhea, having operated venereal control centers for transients the past two years. I may say here that it is our intention to continue this program and in cooperation with the Minnesota Board of Health to make every possible extension of its scope. The American Social Hygiene Association has done a remarkable piece of work in making the country far more conscious of the venereal disease problem than it has been in the past."

**Minnesota: Duluth.** Seventy-five people attended a meeting held by the Duluth Council of Social Agencies on February 8th. Mrs. Mildred Inskip Morgan, who was giving Leaders' Courses for the Young Women's Christian Association at that time, was the speaker. Mr. S. A. Bowling, Executive Secretary of the Duluth Community Fund, writes: "We heartily approve of Social Hygiene Day as an annual event and think February is a good time."

**Minnesota: Rochester.** Dr. D. C. Lohead, Deputy Health Officer, writes: "At least twice a year we have on our program of Weekly Public Health lectures, venereal disease as a subject, and always the following day the lectures are printed in the local paper. The lectures are given by Dr. Paul A. O'Leary, Dr. L. G. Stuhler and others of the Clinic staff. These lectures are arranged by the City Health Department under the auspices of the local Medical Society. At other times news items and editorials are published in our local paper."

**Mississippi.** Dr. Felix J. Underwood, State Health Officer, writes: "Due to the fact that time was limited this year, we were not able to celebrate February 3rd as we would have liked. It is contemplated, however, that the next regional conference of nurses held in the state will be concerned with venereal diseases. Meanwhile, attention is being focused through the press, with editorials and other material on the subject, a number of radio talks have been given, all health officials throughout the state are emphasizing it, and next year we hope a fitting celebration for the Day may be held."

**Missouri: Kansas City.** The Kansas City Social Hygiene Society observed Social Hygiene Day by holding its annual meeting, with a business session at 11 A. M. and the annual luncheon at noon. Following the luncheon the film *For All Our Sakes* was shown and Dr. A. Morris Ginsberg, chairman of the public health section of the society, addressed the meeting on *Health, Happiness and the American Family*, illustrating his talk with lantern slides made from the charts accompanying Doctor Parran's Survey Graphic article *The*

*Next Great Plague to Go.* A second speaker was Dr. J. Edward Perry who addressed the group on *The Negro Health Problem—The Influence of Social Contacts and Inheritance.*

An exhibit of pamphlets, books and other materials showing the Society's approach to the community through the church, the young people, the home and family life and public health was on display.

Other observances of Social Hygiene Day in the community included a special display of literature and materials at the public library, and window displays of books by the Methodist Book Concern and Baptist Book Shop. Two radio broadcasts were given; one by Dr. A. Morris Ginsberg over station WDAF and the other the electrical transcription of the New York State Health Department's radio talk *A Tragedy in Utopia* over station KMBC. The latter was followed by a short talk by Mr. Roy Dickerson, the Kansas City Society's president. Excellent publicity was given by the Kansas City papers and Mrs. Mary D. Ream, Secretary of the Society, writes: "We have had a fine response from our Social Hygiene Day efforts, so far 60 letters and requests, office calls and interviews."

**Missouri: St. Louis—Missouri Social Hygiene Association.** The St. Louis society followed up its November Social Hygiene Week of meetings and discussions by observing National Social Hygiene Day in cooperation with the St. Louis Medical Society. The meeting, while of special interest to physicians, was open to the public, and drew a large attendance. The program:

**Tuesday, February 2, 8:30 P.M.**

*The Venereal Disease Conference at Washington, D. C.,* Richard S. Weiss, M.D.  
*Some Aspects of Syphilis Control,* A. H. Conrad, M.D.  
*Syphilis as a Cause of Death,* G. O. Broun, M.D.  
*Community Problems in the Control of Syphilis,* Lee D. Cady, M.D.  
*The Control of Congenital Syphilis,* Jeane V. Cooke, M.D.  
*Progress of the Municipal Venereal Disease Control Program,* Paul J. Zentay, M.D.

Publicity was given to the event through the *Weekly Bulletin* of the Medical Society, the newspapers and other usual channels. Following the meeting the *Bulletin* climaxed its series of articles on treatment and diagnosis of syphilis and gonorrhea by devoting the entire issue of March 5th to publication of the papers presented at the Social Hygiene Day meeting. To date, these articles, prepared for the *Bulletin* by the Social Hygiene Association, number twenty-four.

**Montana.** The Parran-Wilbur record *A Social Hygiene Message to All Americans* was popular in Montana, three copies being used on Social Hygiene Day, in **Missoula** over Radio Station KGVO; in **Scobey** and at **Wolf Point** where the Lions Club played the record at their weekly meeting and afterward turned it over to broadcast from **Westmore**—Radio Station KDG.

**Nebraska: Omaha.** Dr. Donald J. Wilson, Health Officer, reporting Omaha meetings sponsored by the Board of Health, Parent



Teacher Association, Lions Club and Business Men's Association on February 3rd, calls attention also to the fine work being done by Dr. F. M. Arnholt, Health Commissioner for the City of **Lincoln**. Dr. Wilson writes: "He is doing a lot of educational work. One of his nurses told me a day never passes without some high school boy or girl coming in off the street to ask about this 'new disease syphilis' and that his questions are always answered. I think this is wholesome! Since my talks to the groups mentioned, I know of several members who have consulted their doctors and had Wassermann tests taken."

**New Hampshire.** Due to the death of Dr. Charles Duncan, New Hampshire was without a State Health Officer in the period just preliminary to Social Hygiene Day, and no plans were therefore made. The Health Officer of **Manchester** writes: "It will not be possible to do anything this year, but please be assured that the Board of Health is interested in the problem and will take a more active part when funds permit."

**Nevada.** So far no information has been received concerning meetings in Nevada. Several Nevada newspapers, however, have discussed the campaign against syphilis in vigorous fashion.

**New Jersey.** Sponsored by the State Health Department and the New Jersey Sanitary and Health Association, in cooperation with local groups, over 100 meetings were held in New Jersey from February 2nd on. Mr. John Hall, Field Supervisor for the Bureau of Venereal Disease Control of the State Department of Health, reports the following organizations participating:

- 32 Health Departments
- 13 Young Men's Christian Associations
- 11 Councils of Social Work
- 8 Parent Teacher Associations
- 7 League of Women Voters
- 6 County Tuberculosis Associations
- 25 Miscellaneous organizations

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102 Total

The geographical distribution of the meetings was as follows:

Monmouth County, 14 meetings	Union County, 13 meetings
Hudson County, 14 meetings	Bergen County, 12 meetings
Essex County, 14 meetings	Passaic County, 7 meetings
	Miscellaneous, 28 meetings

The types of meetings held included 5 Regional Conferences, in one of which 72 local units of the **Bergen County** Health Department joined, with an attendance of 400. Mr. Hall says: "These are the meetings that were directly traceable to our Social Hygiene Day publicity. I have been careful not to include the 39 routine meetings with an attendance of well over 2,000 which probably would have been held in any case."

The latest of these to report was the **Monmouth County Social Hygiene Conference** on Thursday, April 1st, with thirty sponsoring agencies.

**New Mexico: Gallup.** An outstanding feature in Social Hygiene Day observance in Gallup was the giving of educational talks on social hygiene at the regular services at four of the local churches with the pastors as speakers. Included were the Congregational Church, Rev. H. B. Patton; the Baptist Church, Rev. Harry Stagg; the Methodist Church, Rev. F. B. Faust and the Church of the Holy Spirit, Rev. H. H. Heard. In addition the Gallup Lay Health Committee held a meeting as did the Parent Teacher Association, the Woman's Club and the P. E. O. Chapter "C".

**New York.** The State Tuberculosis and Health Committee of the State Charities Aid Association and the State Department of Health were the chief sponsoring agencies of the Social Hygiene Day meetings in up-state New York, cooperating with the local health departments, Tuberculosis and Health Associations and other groups. The detailed list on pages 182, 183, and 184 tells the story of these groups.

In all 27 communities reported the observance of Social Hygiene Day including Regional Conferences at **Albany, Buffalo** and **Utica**. Twenty-five hundred people attended the **Albany** Conference which was addressed at the chief meeting of its two day program by Governor Herbert H. Lehman. One thousand people attended the meetings in **Buffalo**; 1900 attended the two day institute sponsored by the **Utica** Council of Social Agencies. In **Middletown** the Mayor issued a special proclamation on Social Hygiene Day and a community meeting was held as well as numerous special group meetings. As we go to press a Regional Conference is being held in **Auburn** under the auspices of the Cayuga County Committee on Tuberculosis and Public Health and a similar conference is planned for **Ithaca**. The Parran-Wilbur record was run at a number of these meetings and the film *For All Our Sakes* shown generally. New committees are announced for a number of the communities where meetings were held.

**North Carolina.** The Department of Venereal Disease Control of the State Board of Health, under the direction of Dr. J. C. Knox, was the sponsoring agent for community observance of Social Hygiene Day. Cooperating, were practically all the civic clubs, many of the women's organizations, particularly the State Congress of Parents and Teachers, medical societies, and other agencies. These groups featured special speakers in their programs, showed the social hygiene films available through the Health Department, and worked in other ways to further social hygiene activities.

This is just the beginning, according to a letter received from Dr. Carl V. Reynolds, State Health Officer, who writes: "The work has been moving all over the state in accordance with the general state-wide permanent program."

Previous to Social Hygiene Day, the Department sent a letter to all health officials in the one hundred counties of the state, calling

their attention to the plan and urging them to cooperate in planning local observance. Mrs. Erick Bell of Wilson, Social Hygiene Chairman for the North Carolina Congress of Parents and Teachers, sent a similar communication to local parent-teacher presidents, urging them to write to the Association for program suggestions, which many of them did.

Dr. R. L. Carlton, Health Officer for **Winston-Salem**, writes: "No special meeting was held here, but this community has recently had a good deal of publicity along this line, radio talks on syphilis, the establishment of a joint city-county clinic, et cetera, and we feel that we have more than carried out the spirit of a special day even though no special meeting was held."

S. M. Butler, President of the **Cherryville** Lions' Club, requesting a copy of the record *A Social Hygiene Message* for use at their February 2nd meeting, says: "You may be interested to know that our Club is writing every Lions' Club in the State and each member of our State Assembly in an effort to have appropriations made for clinics throughout the State."

**North Dakota.** The State Department of Health writes: "The phonograph record of addresses by Doctor Wilbur and Doctor Parran will be of very practical value to us in the future. The impetus given social hygiene, the lay education activities, and the friendly cooperation with official health agencies by officers and directors of the American Social Hygiene Association is greatly appreciated by the North Dakota Department of Health."

In **Van Hook**, the Lions Club used the Parran-Wilbur record also in its weekly meeting.

**Ohio: Akron and Summit County.** Dr. R. H. Markwith, Health Officer for Summit County, conducted a number of meetings on or near February 3rd showing *For All Our Sakes* and meeting with a good deal of interest. Among the groups addressed were a number in **Cuyahoga Falls**, including the Torch Club, Cuyahoga Falls Social Workers, Men's Club of St. John's Episcopal Church, Rotary Club and the Veterans of Foreign Wars.

**Ohio: Cincinnati.** The Cincinnati Social Hygiene Society, a pioneer group, had planned a solid week of meetings in observance of Social Hygiene Day. February 3rd found the city under water, putting an effective stop to this project. As soon as possible, however, local groups got under way, among them the Cincinnati Lions Club, which devoted a special session to social hygiene with Dr. Carl Wilzbach, Secretary of the Cincinnati Social Hygiene Society, as speaker. In addition to Dr. Wilzbach's talk, *For All Our Sakes* was shown and Mr. Frank E. Hutchinson, Secretary of the Club, reports: "We had 90% attendance at this meeting and needless to say the talk, pictures and lecture were of great interest to all present."

The club appointed a special committee headed by Dr. William S. Keller and made up of representatives of the Academy of Medicine, the City and County Health Boards, the College of Medicine, the Public Health Federation, the Public Health nursing group and the

Cincinnati Social Hygiene Society and plans are being made to deal with this problem from the standpoint of medical and public health angles.

**Ohio: Montpelier.** The Reverend Helena J. Bordner, a member of the Association, reports:

"We have held seven social hygiene meetings in the last few months. One of these was in observance of National Social Hygiene Day. A local doctor gave a fine address. We have established a lending library. Have four books at present. Also we are hoping to buy the talking-slide film, *For All Our Sakes* and are planning to sell Tasty Jell to help raise the money. I feel the social hygiene work is of vital importance and am enjoying it more than I can tell you."

**Ohio: Youngstown.** The Youngstown Social Hygiene Association had several meetings on February 3rd, including a radio talk, (see page 185) and Mr. Paul H. Luce, President of the Association, writes us as follows: "As to observing it yearly I am heartily in favor of doing so. I believe that it is a good way to center the attention of the public on social hygiene. Furthermore newspapers and groups are more willing to work along if there is a definite and national group backing a plan. As you realize a new idea is slow in developing and it helps immensely for those responsible for planning in the community to know that there is some reason for pushing your ideas. The Women's Clubs and the Parent Teacher Association groups in Youngstown have been asked to observe February of each year as Social Hygiene Month and plan programs fitting for that topic in February."

**Oklahoma.** Dr. C. M. Pearce, State Health Commissioner, in addition to Social Hygiene Day activities, is keeping the talking-slide-film and other educational material in constant circulation throughout the state. Newspapers are generous with space. In fact, the *Daily Oklahoman* for some years has been a pioneer in social hygiene education, particularly through the daily column written by Edith Johnson, which continues the tradition currently.

A recent newspaper clipping quotes Dr. Pearce as saying: "We have doubled the number of cases of syphilis under treatment. Infected people are responding wholeheartedly to our campaign, and I believe that if we continue at the present rate in two years' time we can bring this disease under control in Oklahoma."

**Oklahoma: Oklahoma City.** The Parent-Teacher Council, Army and Navy Club, and the County Medical Society sponsored meetings on or near Social Hygiene Day in Oklahoma City. Radio Station KGFG broadcast *A Social Hygiene Message to All Americans*, and an initial showing of *For All Our Sakes* was presented. This, however, was only the beginning of the educational campaign locally. Since then numerous social hygiene meetings have been held by other groups.

Mrs. W. S. Jerkins, Social Hygiene Chairman for the Oklahoma City Council of Parents and Teachers, who is promoting the social

hygiene program among the 54 local units, writes: "I believe we have started on the road to a great fight. Social Hygiene Day was a great help in getting the program going here. If it had not been set aside as a National Day and so much help and inspiration given us by the national association, I doubt if we could have succeeded in getting the cooperation received in the community."

**Oklahoma: Tulsa.** Cooperating with the Tulsa Public Health Association and other agencies, the *Tulsa World* during the month of February has been carrying on an educational campaign through a series of articles and items, which are distributed in pamphlet form free of charge. During a recent seven day period more than 2,000 persons requested copies.

**Oregon.** The Oregon Social Hygiene Society writes: "We are inviting all social—school—church and civic organizations to join us in a series of meetings, a public evening meeting and weekly meetings following."

**Pennsylvania.** Observance of Social Hygiene Day led off with the Health Division of the Pennsylvania Conference of Social Work devoting two sessions of the 29th Annual Meeting at **Philadelphia**, January 18-23, to the consideration of syphilis as a public health problem. The program was as follows:

**Friday, January 22—10:00 A.M.**

**Presiding:** EDGAR S. EVERHART, M.D., Acting Assistant Surgeon, U. S. Public Health Service, Harrisburg.

*The Pennsylvania Public Health Program Under the Provisions of the Social Security Act*, EDITH MACBRIDE DEXTER, M.D., Secretary of Health, Commonwealth of Pennsylvania.

*Syphilis Control Work Based on the Social Security Act*, R. A. VONDERLEHR, Assistant Surgeon General, U. S. Public Health Service in charge of Venereal Disease Control.

*Public Health and Social Hygiene as Problems for Women*, JOHN H. STOKES, M.D., Professor of Dermatology and Syphilology, School of Medicine, University of Pennsylvania.

**Saturday, January 23—10:00 A.M.**

**Presiding:** J. KENNETH WINTER, Executive Secretary, Erie County Health and Tuberculosis Association.

*Syphilis as a Problem in Epidemiology*, JOHN R. HELLER, JR., M.D., Assistant Surgeon, U. S. Public Health Service; Consulting Specialist, Department of Health, Commonwealth of Pennsylvania.

*Pennsylvania's Program in the Control of Syphilis*, ALBERT F. DOYLE, M.D., Assistant Chief, Division of Syphilis and Genitoinfectious Diseases, Department of Health, Commonwealth of Pennsylvania.

**Pennsylvania: McKeesport.** Dr. Daniel F. Marsh, Health Officer, reports: "We had no meetings on Social Hygiene Day but national and state items on social hygiene were publicized in local newspapers; also, local publicity given; also, rules and regulations of the Pennsylvania Advisory Board as adopted by the Pennsylvania State Health Department and the Bureau of Health, City of McKeesport, given publicity. Individual copies of said rules and regulations were

mailed to all local physicians. The first delinquent under the new system reported to us, (a seventeen year old boy who did not know what a positive Wassermann meant and who had never taken any treatment) was contacted and told the story of what neglected treatment would mean to him, and was assigned to a physician who would give him his treatment until cured. I am enclosing a copy of the new regulation.”

**Pennsylvania: Philadelphia.** Radio Station WCAU observed National Social Hygiene Day by broadcasting on Wednesday evening, February 3, at 10.30 p. m. the first of a series of talks on syphilis and gonorrhea, under the auspices of the Philadelphia County Medical Society. These talks, eleven in number, were prepared at the request of Leon Levy, President of WCAU, by the Medical Society's Committee on Venereal and Cutaneous Diseases, of which Dr. Sigmund S. Greenbaum is chairman.

**Pennsylvania: Wilkes-Barre.** Miss Nellie G. Loftus, R.N., Executive Secretary of the Luzerne County Social Hygiene Society, reports that this group, through the Pennsylvania State Department of Health, sponsored a meeting on February 3rd which was attended by 200 persons, including representation from every social and health agency in the community, and from other groups such as the Ministerial Association. The Wilkes-Barre *Sunday Independent* supplemented a fine news story announcing the event by printing in miniature, under the title *Conquest Over Prudery*, the poster *The Ice Pack Breaks Up*.

Speakers were Dr. Leo C. Mundy, Surgeon, Mercy Hospital, who talked on *Syphilis as a Public Health Problem in Luzerne County*, and Dr. Lewis T. Buckman, Advisory Committee Member of the Pennsylvania Association for the Blind, who addressed the meeting on the subject *Venereal Diseases—A Factor in Blindness*.

The Society utilized the occasion as an opportunity for distributing appropriate social hygiene literature.

**Rhode Island.** The *Monthly Health Review* issued by the State Department of Public Health and reaching every physician, nurse and hospital in the state in addition to many laymen, gave generous space in its February first issue to the announcement of Social Hygiene Day and its objectives. The Department also notified nursing organizations, health officers and various civic groups of the occasion and arranged to have the Parran-Wilbur addresses broadcast over station WJAR on February 3rd. The Department announces that the Health Section of the Rhode Island Institute for Social Work devoted a special session to syphilis on March 18th. The Rhode Island Health Association, organized two years ago, is contemplating the formation of a social hygiene committee.

**Rhode Island.** Miss Mary Basso, Social Hygiene Chairman for the Rhode Island Congress of Parents and Teachers, had arranged a special meeting on social hygiene early in January in observance of National Social Hygiene Day and also planned a talk on the *Place*

of *Social Hygiene in the Home* for the March meeting of the Congress which was given over entirely to the 1937 theme of the Congress Committee on Parent Education *The Home and Family*.

**Rhode Island.** The Providence District Nursing Association observed National Social Hygiene Day by devoting its staff meeting to a panel discussion on syphilis and gonorrhea. The topics:

*Terminology and Early Recorded Incidence of Syphilis*

*Attempt at Meeting the Problem in the Social Order of the 80's*  
*The Present and Future — Facing Facts — The Need for Sex Education*

*The Problem of Syphilis and Gonorrhea*

*The Attitudes of Patients toward Syphilis*

*The Next Great Plague to Go*

The electrical transcription *A Social Hygiene Message to All Americans* was also run and throughout the entire week an exhibit of graphs and literature on syphilis and gonorrhea were displayed. About 85 public health nurses attended, including nurses from the Providence Health Department and the State Board of Health.

**South Carolina.** The State Tuberculosis Committee writes: "We are very much interested in the work you are doing and in a position to see that it is sorely needed. While our program is primarily one against tuberculosis we stress the fight against venereal diseases and give special attention to it in our summer schools for teachers and on invitation in the colleges. We have just ordered several thousand of *The Great Imitator* from the Metropolitan Life Insurance Company for our spring and summer program. Will you kindly send me any abstracts or reprints of newspaper or magazine articles on syphilis and gonorrhea."

Doctor J. Moss-Beeler of **Spartanburg** County Department of Health writes: "We are planning to enter into the program as soon as it is possible for us to start. We have already shown the film to a number of clubs here and when we see that we are in a position to swing into the campaign we shall do so."

**South Dakota.** In **Aberdeen**, Dr. J. O. F. Kraushaar writes: "We used your record over our local station KADR on January 31st at the same time we announced the talk by Doctor Snow over WOR on February 2nd. We have arranged for talks to all of our Parent-Teacher groups. I am interesting our women's clubs here and later on we will give talks at their meetings. Received your material and thank you very much."

**Tennessee: Memphis.** Dr. Wallace P. Moore, Health Officer of the County Health Department, writes: "We had 45,000 to 50,000 flood sufferers in Memphis on February 3, 1937. Nevertheless we have been trying hard to get a social hygiene consciousness in our area. Mr. Edward Mesman, Editor of the *Press Scimitar*, our afternoon paper, and President of the Council of Social Agencies, is very much interested. His paper has carried a series of educational articles and

as chairman of the Council of Social Agencies he has appointed a committee, headed by the County Attorney, Mr. Frank Gailor, 207 Court House, to form a social hygiene society or unit."

**Texas.** Meetings were held in **Austin, Borger, Eldorado, Houston** and **San Antonio**.

The Houston Social Hygiene Association writes: "We certainly felt it was a very well worth while event and approve of doing something about it next year. We had a representative attendance of citizens at a luncheon meeting and are finding an increasingly large amount of interest in the community."

In **San Antonio**, the City Health Officer, W. A. King, writes: "We had very gratifying results, several interesting meetings and I think our program went off fine." Mr. Bascom Johnson writes: "I had a strenuous day and personally ran three meetings, three showings of *For All Our Sakes*, and gave a radio address over station WOAI; one of the National Broadcasting chains, in which I was allowed to refer openly to syphilis and gonorrhea and prostitution."

*A Social Hygiene Message to All Americans* was broadcast from stations KNOW in **Austin**; KGKB at **Tyler**; KFRO at **Longview**, and KRLH at **Midland**. Mr. R. B. Fisher, Superintendent of Schools at **Pampa**, Texas, used the record with his faculty, the Lions, Rotary, Kiwanis Clubs and other interested groups.

**Utah.** The Utah State Medical Association writes: "We want to cooperate 100 per cent in this important activity." The State Department of Public Welfare purchased a copy of the Parran-Wilbur record and Dr. Edward S. Pomeroy writes that he appears regularly before various lay group meetings as does Dr. D. D. Carr of the Board of Health. A program was arranged before a large group in **Provo** for February 3rd. The Utah State Federation of Women's Clubs was also addressed and the Utah newspapers formerly unaccustomed to publish social hygiene information are now cooperating fully. At the Dixie Junior College in **St. George**, a program was held by the Eugenics Committee on February 3rd.

**Vermont.** The Parent Education Division of the Works Progress Association, cooperating with the State Department of Education, put on a state-wide series of meetings through its field workers. Two copies of the record, *A Social Hygiene Message to All Americans*, were in circulation and were used in meetings as well as broadcast from local stations.

Mr. Edward J. Shea, Secretary of the **Brattleboro** Lions Club, writes: "We endeavored to carry out your desires and wishes and are heartily in accord with the methods you are using to reach a solution of the problem. I am enclosing two newspaper clippings. Any information that you can give us as to the possibility of our securing funds from Federal sources for local work would be appreciated."

In **Morrisville**, the Parent-Teacher Association presented *A Social Hygiene Message to All Americans* at its regular meeting on Feb-



ruary 8th and the record was used again at a meeting of the local Woman's Club. The poster *The Ice Pack Breaks Up* was displayed in the local post-office and public library.

**Virginia.** The principal event in Virginia was at **Richmond** where the Council of Social Agencies and other groups sponsored a community meeting. Miss Miriam Dettlebach, Secretary of the Richmond Health Council, writes: "Our meeting was attended by approximately 150 representing the Parent-Teacher Association, the school board and various other educational, social and civic organizations. The reaction has been most favorable and we are presenting a similar program to another lay group, composed largely of church representatives next week. Your future suggestions and information concerning the activities of the national organization and of other communities will, I am sure, prove stimulating and helpful to us." Other meetings were held at **Danville**, **Lynchburg**, **Norfolk** and **Roanoke**. The Parran-Wilbur record was used in a number of additional towns.

**Washington.** In the city of **Seattle** a public meeting was held and a church group held a special meeting on February 9th. The Parran-Wilbur record was broadcast from station KXRO in Spokane. Station KFIO also broadcast the record and a community meeting was held. Since then the following telegram has been received from the Rev. H. Spence Dunbar, an Association member:

"Responsible committee citizens organizing local association please air mail immediately complete details procedure formulation permanent group suggested plans for immediate future activities also literature describing national association and whatever aids your experience advises meet Monday noon regret haste things moving faster than expected appreciation"

Mr. James G. Bretherton, Special Representative of the Bureau of Federal Old-Age Benefits writes: I should be glad to do what I can in cooperating with local bodies in making National Social Hygiene Day a success in this district." In **Tacoma** the Social Hygiene Committee of the Public Health Council held a meeting and in **Walla Walla** the Kiwanis Club had an attendance of 70 at their weekly meeting to discuss social hygiene.

**West Virginia: State College.** The Department of Health and Physical Education of the College reports an attendance of 600 students at a Social Hygiene Day meeting, when Dr. J. R. Jones, School Physician for Kanawha County, addressed this group on *The Objective and Significance of The Day*. The film *For All Our Sakes* was shown. An open discussion followed the above which was entered into freely by the students. In a discussion after the meeting with the Dean of the college, the Dean of Women and the Director of this department it was decided to follow the meeting with a series of small group meetings this semester, the Department to plan these meetings. Announcements for the program were posters made in the Department.

**Wyoming.** No word was received of meetings, but Wyoming newspapers have published a good deal of information about syphilis

and gonorrhea, with approving editorial comment, during the past few months.

**Wisconsin.** Dr. C. A. Harper, State Health Officer, writes: "I congratulate you on your efforts in plans and publicity for National Social Hygiene Day. This should create additional interest on the part of the public concerning their responsibility. For nearly fifteen years now in Wisconsin, we have had two lay people, a man and a woman, both capable individuals, lecturing in the schools to the younger elements of society, on social hygiene and the essential venereal disease factors coming under that heading. We are positive of the accomplishments. It is in evidence that the information extended on venereal disease to the younger elements of society is a material factor in the reduction of venereal disease in this state. So much demand has come for these speakers that we are asking the legislature to make an appropriation to put on two additional speakers so that we can cover the public and parochial schools once in two years instead of once in three or four years. In addition to this, we have twelve venereal disease clinics located in various sections of the state, for the treatment of those who are unable to provide treatment for themselves. I am happy to be able to say that initial lesions of syphilis are becoming quite rare. Most of the treatment now being extended is for chronic syphilitic conditions and inherited syphilis."

In **Eau Claire** the Board of Health appointed a Committee of five with Mr. D. O. Hibbard, Secretary of the Young Men's Christian Association as chairman, to plan a community program. In **Milwaukee** the Council of Social Agencies sponsored a community meeting attended by 225 persons. The Parran-Wilbur record was broadcast.

**Hawaii: Honolulu.** Following a series of editorials discussing National Social Hygiene Day and setting forth the facts presented in the Association's news releases for the occasion, the *Honolulu Star-Bulletin* on February 11th published an announcement from Dr. F. E. Trotter, president of the Health Board, that Hawaii had joined the national campaign for control of syphilis and gonorrhea. The newspaper account says in part: "Force to the campaign was added by approval by Governor Joseph B. Poindexter of venereal disease regulations formulated by the health board which, when published, will have the effect of law. These are the first regulations to be formulated since war time. Rules include expenditure of federal social security funds to provide drugs and medical treatment for indigent patients. The program has the approval of the medical profession, including local and territorial medical societies."

## A TYPICAL RESOLUTION

(This statement was drafted by the American Social Hygiene Association with the idea that each community meeting on Social Hygiene Day would wish to pass some kind of resolution summarizing the conclusions of the meeting for use in subsequent follow-up publicity and activities. Many groups considered and adopted this or similar resolutions as a basis for further community action.)

Recognizing the importance of the recent National Conference on Venereal Disease Control Work, called by Surgeon General Thomas Parran of the United States Public Health Service, and believing that President Roosevelt's letter to the delegates accurately expressed the sense of the American people as to the timeliness and practicability of stamping out syphilis and attacking gonococcal infections, we believe that every effort should now be made by our community and State to participate in a nation-wide program to these ends.

We resolve to study the report of the Conference and the recommendations of the Surgeon General, and under the advice and guidance of our State and local health authorities and medical profession, to help in whatever way we can.

To give effect to this resolution, we propose—

1. That a carefully planned continuous program of public information and education participated in by all the community agencies be encouraged;

2. That, through appropriate channels, information upon the practical needs of this State and particularly of our community in this field, be brought to the attention of all our citizens;

3. That proper support be given to necessary appropriations, legislative measures and regulations;

4. Finally, that the broader educational, legal and protective aspects of social hygiene be promoted and developed without interruption or handicap by emphasis at this time upon the medical and public health phases of the movement.

## WHAT NEWSPAPER EDITORS SAID

National Social Hygiene Day brought forth editorial commendation of the program for venereal disease prevention and control in large and small newspapers and in magazines throughout the United States. Most of the editorial writers emphasized their satisfaction that discussion of syphilis and gonorrhea is at last in the open.

As part of the public information activities of the American Social Hygiene Association in promoting Social Hygiene Day a special effort was made to secure editorial page support—in the belief that winning over the editorial page would insure greater frankness and cooperation from the news and feature writers. One of the interesting side lights was the fact that a number of cartoonists regarded the campaign against syphilis as suitable material.

An accurate estimate is difficult, but it is safe to say that considerably more than half of the nearly 2,000 daily newspapers in the United States now permit publication of the words "syphilis" and "gonorrhea," when information concerning venereal disease is furnished by recognized authorities. This estimate is based on the thousands of clippings from every part of the country which have come to the attention of the American Social Hygiene Association during the last few months.

This is what some of the editors in various sections of the country wrote about National Social Hygiene Day:

*N. Y. Evening Post* (February 2, 1937).—"Tomorrow is likely to be a bad day for the Nice Nellies and a great day for America. It is the first National Social Hygiene Day. The program is one that should have been started thirty years ago: National discussion of syphilis. Public health officers and local organizations all over the country will discuss this disease, its treatment, cure—and prevention. . . . That is worth talking about and those who refuse to discuss it are fools."

*Ft. Wayne (Ind.) Journal-Gazette* (December 29, 1936).—"There is no more reason to make syphilis and gonorrhea mysterious than there is to make cancer mysterious or tuberculosis mysterious, or pneumonia mysterious. And it is indeed heartening to know that, under the auspices of the *American Social Hygiene Association*, February 3, 1937, will be known as Social Hygiene Day—a day when a nation-wide crusade to wipe out these entirely unnecessary ailments will get under way. If the newspapers and broadcasting units of America join in the fight in frank and fearless fashion, the United States of the future will be a much healthier place in which to live."

*The Richmond (Indiana) Palladium* (January 28, 1937).—"Regional conferences, group meetings, and other observances of Social Hygiene Day, Feb. 3, should have widespread influence in the campaign which is getting under way to wipe out the prevalence of social diseases. The American Institute of Public Opinion recently reported 90 per cent of the general public definitely in favor of a nation-wide educational campaign on the topic of venereal diseases. A new frankness and candor on the subject of general public health will help the medical profession in its battle against these diseases which hitherto have been cloaked with silence."

*Plain Dealer, Cleveland, O.* (February 3, 1937).—"Cleveland joins other communities in a nation-wide fight on social diseases. Sponsored by a group of health organizations including the Academy of Medicine, the Health Council and the Parent and Health Association, the campaign has the support of private and public health and welfare agencies. It will continue for a month, starting today which has been designated as *National Social Hygiene Day*. Cleveland should have an important contribution to make to this cause."

*St. Louis Post-Dispatch* (February 3, 1937).—"This is an important day in the history of public health in the United States. It is our first *National Social*

*Hygiene Day.* Over the country, people in more than 200 communities are learning about the fight which has been launched against syphilis and gonorrhea. Much more than a year ago, this would have been impossible, so persistent has been the hush-hush policy which has prevented public discussion of one of the greatest of health problems. We welcome the development of a new and realistic attitude toward the problem, manifest in recent months."

*The Washington Post* (February 3, 1937).—"Today is National Social Hygiene Day. In Washington, and throughout the country, physicians and laymen are meeting with public health officers to consider the findings and recommendations of the conference on venereal-disease control held here a few weeks ago. There has been a noble response recently to the Red Cross appeals for support in the work of alleviating suffering in the flood zone. It is to be hoped that equal encouragement will greet the directors of the nation-wide program to protect millions from a more insidious social evil."

*The Churchman* (January 15, 1937).—"The fight against venereal disease, so long carried on by brave spirits who refused to be stopped by our fantastic 'niceness,' is at last out in the open. Even the usually staid *New York Times* now dares to print the words designating these diseases on its editorial page! It is safe to say, as Dr. William F. Snow, general director of the American Social Hygiene Association has said, that 'greater progress will be made in 1937 than in any year since the World War in the campaign to stamp out syphilis and reduce the widespread prevalence of gonorrhea in the United States.' The recent three-day conference in Washington, on venereal control, called by Dr. Thomas Parran, surgeon general of the United States Public Health Service, is to be followed by the first National Social Hygiene Day—and it will be the first in the history of the country. We plead with the clergy of the Episcopal Church and all churches to do their part. It ought to be a fearless and intelligent part."

*Richmond (Va.) Times-Dispatch* (February 2, 1937).—"The agencies of public opinion in all parts of the United States are eager to assist the national campaign that is being directed by Surgeon General Thomas Parran. Addressing a meeting at the Richmond Academy of Medicine, Doctor I. C. Riggin, State Health Commissioner, said that syphilis is a communicable disease and should be treated as one. The meeting was in observance of National Social Hygiene Day, and it was pointed out that an outstanding need in Virginia is for more clinics and more laboratory facilities with which to treat the 125,000 cases in the State." . . . "This brings us to a point about which we have wondered. Is there a possibility that clinics might be established for the prevention of syphilis as well as for its 'control and treatment'? If we are to rationalize our attitude toward venereal diseases, then we wonder whether a more sensible attitude toward medical prevention would result in a reduction of the actual incidence of the disease. Treating syphilis is a costly business . . . we wish that the public health physicians would devote more discussion to the question of medical prophylactics."

*Pittsfield (Mass.) Eagle* (February 2, 1937).—"Credit for the successful Social Hygiene Day meeting must go to the several sponsoring agencies. They have performed a valuable work. But the big job remains ahead. . . . Bombardments, as brilliant as they are and as shattering as they may seem to be, will not drive out the scourge of syphilis and gonorrhea from the community. That must be done by the slower, more difficult, and less spectacular manoeuvres of trench warfare and mass attack."

*Minot (S. D.) News* (February 2, 1937).—"As the United States Public Health Service, the American Social Hygiene Association, certain life insurance companies, and the American Medical Association are forcefully pointing out, syphilis can be controlled just as yellow fever, typhoid, and smallpox have been on the wane."

*Cumberland News (Md.)* (January 29, 1937).—"A commendable effort is being made by the American Social Hygiene Association to bring the spotlight of public opinion to bear on two dread diseases, which it is conservatively estimated affect about 6,000,000 men, women and children in the United States and annually cause approximately 100,000 deaths—more than 2,000 in Maryland. It is hard to understand why prudery should be permitted to make a mystery of syphilis and gonorrhea any more than cancer or tuberculosis and it is heartening

to know that next Wednesday will be known as Social Hygiene Day—a day when a nation-wide crusade to wipe out these diseases will be launched.”

*Sterling Advocate (Colo.)* (February 3, 1937).—“With full approval of the surgeon general and with backing of numerous groups, including the General Federation of Women’s clubs, a nation-wide campaign of enlightenment is under way, under the sponsorship of the American Social Hygiene Association. At the head of the body is Dr. Ray Lyman Wilbur, chancellor of Leland Stanford university and a former Cabinet member. The goal is the reduction of the social diseases on scale comparable with results obtained in the Scandinavian countries, where these plagues have been reduced to negligible proportions. It is possible, responsible medical authorities assert, to stamp out the social diseases within one generation. The scientific methods of diagnosis and treatment are known. But the knowledge must be brought to bear upon the millions who need it if there is to be protection for the rest of the population not yet infected.”

*Albany (N.Y.) News* (February 5, 1937).—“No more important campaign has been conducted in years than that against social diseases. No campaign is more needed than this and happily the old tabu against discussion of this leading menace to human health and happiness is past. Concealment only made conditions worse. To ignore the danger that kills so many thousands each year and wrecks many other lives would be a crime indeed. America must confront this danger and eradicate it. And this can be done. Physicians have told us that syphilis can be cured and that it could be stamped out in one generation. The campaign in Albany will not end with the present observance of *National Hygiene Day* but will be followed up. We have an organization for this purpose here. There should be full public cooperation with this campaign for the sake of present and future generations.”

*Norwich (Conn.) Bulletin* (February 4, 1937).—“No great difficulty is involved in arousing public support for those efforts which are aimed at the prevention of disease. Likewise there is always keen interest in such endeavors as are made to successfully treat those who may be afflicted. . . . The American Social Hygiene Association has taken a most commendable step in its fight against the so-called social diseases, a fight which should do much to aid suffering humanity and protect the unwary.”

*New Haven (Conn.) Register* (January 31, 1937).—“A ‘day’ that is to be observed in a great many communities throughout the country this week has an immense amount of sound and commanding reason behind it. It is National Social Hygiene Day, designated for the starting of community action against venereal disease, and in New Haven as in other cities there is to be a public meeting for that purpose. About a dozen local organizations are sponsoring it, and it is to be held at the Medical Association Auditorium in Whitney Avenue. Wednesday is the day.”

*Miami (Fla.) News* (February 10, 1937).—“More than 200 communities throughout the country recently observed the first National Social Hygiene Day with public meetings to further plans for the war on syphilis and gonorrhea. This bringing into the open of a concerted fight against diseases even the mention of which was only yesterday taboo is itself of heartening significance.”

*Shreveport (La.) Journal* (February 4, 1937).—“Today, Feb. 3, is designated as social hygiene day, and will mark the beginning of a nation-wide crusade to wipe out those entirely unnecessary diseases which come under this classification. The American Social Hygiene Association is sponsoring the movement, concerning which conferences are to be held in a score or more of the leading cities of the country. Federal, state and local health officials are under way, while many voluntary agencies, such as welfare, educational, religious and civic organizations, have indicated their desire to aid in the work of eradicating these diseases. . . . The prevalence of social diseases in every section of the land is not a thing to be contemplated lightly. On the contrary, it is one of the most serious conditions menacing the United States today. Correction of this deplorable situation would make of these United States a much happier and a much healthier place in which to live. Social hygiene day should attract the best thought of religious, educational and medical men and women everywhere.”

## STATE AND COMMUNITY OBSERVANCE OF NATIONAL SOCIAL HYGIENE DAY

*Editors Note:* The events recorded here sum up as follows: Five hundred and twenty-eight meetings (including 21 regional conferences, 152 community meetings, and 355 special group meetings); and 135 radio talks, including 101 broadcasts of the electrical transcription *A Social Hygiene Message to All Americans*. Besides the radio programs, this record was reported to have been used at 41 meetings, and the talking-slide-film *For All Our Sakes*, at 44 meetings. Forty-five states and 325 communities are represented: attendance reported from about half the meetings totals 52,377. It is likely that no report has reached the Association regarding many other interesting and important observances of this occasion, and that a complete summary would show many more meetings, radio talks and other programs.

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>ALABAMA</b>						
Anniston	Grace Episcopal Church		x			45
	Parent-Teacher Association			x		65
<b>Birmingham</b>						
	Alabama Federation of Women's Clubs—Third District			xFS		60
	Birmingham-Southern College			x		
	Birmingham Social Hygiene Association		xFS			
	Civitan Club			xFS		
Hayneville	County Department of Health			x (Series)		
Montgomery	State Health Department				PW	
<b>North Birmingham</b>						
	Merchants Association			x		
<b>Bay Minette</b>						
	Baldwin County Health Department			x		
Selma	Selma Broadcasting Company—Station WHBB				PW	
Weaver	Women's Club			x		
<b>ARIZONA</b>						
Lowell	Radio Station KSUN				PW	
<b>Phoenix</b>						
	Arizona State Nurses Association			x	PW	
<b>ARKANSAS</b>						
<b>Fort Smith</b>						
	American Red Cross			x		
	Federation of Women's Clubs		x	x	PW	50
	Lions Club			x	x	70
	Rotary Club			x		70
	Exchange Club			x		35
	Noon Civics Club			x		50
	Radio Station KFPW				PW	

\* PW indicates the record *A Social Hygiene Message to All Americans* by President Wilbur and Surgeon General Parran was broadcast. FS indicates showing of talking film *For All Our Sakes*.

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
ARKANSAS—Continued						
Little Rock	Arkansas State Board of Health					
	“flood situation prevented a state-wide program, but will hope to do better next year”		x		PW	
	Radio Station KARK				PW	
	Van Buren—Lions Club			x	PW	25
CALIFORNIA						
El Centro	County Health Depart- ment—Radio Station KXO				x	
Fresno	Civitan Club			x		
Los Angeles		x				200
	Tenth District California Parent-Teacher Association; Los Angeles Institute of Family Relations; Southern California Association for the Study and Prevention of Syphilis and Gonorrhea (See program, p. 142); Southern California Society for Mental Hygiene; California Division of the American Eugenics Society					
	Southern California Public Health Association			x		
Long Beach	United States Fleet Medical Con- ference on the Control of Vene- real Diseases			x		
Monterey	Radio Station KDON				PW	
Oakland	Pacific Protective Society		x			
Pasadena	Health Department			x	PW	60
Redlands	Kiwanis Club			x		
San Francisco	Social Hygiene Committee of San Francisco Health Council	x			PW	318
	Family Relations Center			x		50
	Radio Station KSFO				(series)	
	Second District California P.T.A.			x		
San Jose	Lions Club			x		
San Pedro	Civitan Club			x		
	Speakers Club			x		
	Ukiah—Lions Club			x		
COLORADO						
Denver	Council of State-Wide Agencies			x	PW	21
	Hotchkiss—Lions Club			x	PW	
	Palisade—Lions Club			x	PW	
	Sterling—High School			x	PW	400
CONNECTICUT						
Ansonia	Firemen's Club			x		
Bridgeport	Young Men's Christian Assn.			x		125
	Young Women's Christian Assn.			x		
Greenwich	Community Council; Tuberculosis and Public Health Society			x	PW	35
	State Department of Health				x	



State and City	Sponsored by	Type of Program *				Attendance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>CONNECTICUT—continued</b>						
<b>Hartford</b>						
City Health Department						
Council of Social Agencies—Health Division						
			x	x(2)		45
Travelers Men's Club						
				x		500
Business Women's Club						
				x		50
Connecticut Social Service Society						
				x		50
<b>New Britain—Social Service Club</b>						
			xFS			100
<b>New Haven</b>						
Health Department						
			x			189
New Haven Social Workers' Club						
				x		45
Kiwanis Club						
				x		40
Y.M.C.A. Men's Club						
				x		45
Jewish Community Club						
				x		50
Medical Social Workers						
				x		20
<b>Waterbury—Y.M.C.A.</b>						
				x		
<b>DELAWARE</b>						
<b>Georgetown</b>						
State Board of Health						
				x		25
Lions Club						
				x		110
Methodist Ministers						
				x		39
<b>Wilmington</b>						
State Board of Health						
				x		60
Delaware Chapter American Association of Social Workers						
				x		26
Young Women's Christian Assn.						
				xPW		
Delaware Academy of Medicine						
				xFS	PW	
Lions Club						
				x		
<b>DISTRICT OF COLUMBIA</b>						
<b>Washington</b>						
Social Hygiene Society						
		x	x		PW	110
Negro Parent Teacher Association						
				x		370
Providence Hospital Nurses						
				xFS		70
Georgetown Hospital Nurses						
				x		90
District Women's Council						
				x		60
Board of Trade Health Committee						
				x		20
Medical Society of the District of Columbia						
				x	PW	
<b>FLORIDA</b>						
<b>Gainesville—Radio Station WRUF</b>						
					PW	
<b>Marianna—Rotary Club</b>						
				x		
<b>Ocala</b>						
Florida State Conference of Social Work, Florida Social Hygiene Council and other agencies						
				x		
<b>West Palm Beach</b>						
Florida Women's League for Better Government						
				x		
<b>GEORGIA</b>						
<b>Atlanta—State Social Hygiene Council</b>						
		xFS				300
<b>Columbus—Radio Station WRBL</b>						
					PW	

		Type of Program *				
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	Attendance
IDAHO						
Boise	American Legion			x		
Kellogg						
Young Men's Christian Association			x	x (5)		450
Lewiston						
Nez Perce County Health Dept.						
Faculty of Lewiston Schools				x		100
Parent-Teacher Association			xFS			200
American Legion				xFS		75
Lewiston State Normal School				xFS		50
C. C. C. Group				xFS		150
Nampa	Lions Club			x	PW	
ILLINOIS						
Beardstown						
Social Hygiene Committee			x			22
Centralia	Rotary Club			x		
Champaign						
University of Illinois Microbiology Club				x		500
Chicago						
Illinois Social Hygiene League	} xPW					
Juvenile Protective Assn.						
Public Health Institute						750
Committee of Fifteen						
Federation of Women's Clubs						
Radio Station WJJD					PW	
Decatur						
Decatur Health Council (a week's program)			x (12) FS			5,000
Evanston	Woman's Club--(Social Group)					100
Jacksonville						
Morgan County Health Committee			x			
Johnston City	Lions Club			xPW		
Highland Park	Lions Club			x		
LaSalle						
City Health Officer, Parent-Teacher Assn., Women's Clubs, etc.		xFS	x	x (13)		450
Moline	Public Health Forum		x			
Peoria						
Health Department					(4)	
Radio Station WMBD					PW	
Robinson						
Robinson Social Hygiene Committee			xFS		PW	111
Rotary Club				xFS		
Salem	Lions Club			xPW		
Springfield	Health Council			xFS		
Urbana						
Radio Station WILL (Univ. of Ill.)					PW	
Waukegan	City Club			x		
Winnetka	Rotary Club			x		100
INDIANA						
Bedford	Lions Club			xPW		
Bloomfield	Worthington Study Club			xPW		20

		Type of Program *				
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	Attendance
INDIANA—continued						
Evansville	Central High School (delayed by flood; will hold meeting later)					
Fort Wayne	City Department of Health and other agencies		xFS		x	700
	Radio Station WGL					5,000
	Quest Club, Chamber of Commerce			x		
Hobart—Lions Club				xPW		
Indianapolis	Parent-Teacher Association and Indiana Council of Women		x	x(2)		90
Plainfield—Lions Club				xPW		
South Bend	Radio Station WFAM }				PW	
	Radio Station WSBT }					
	South Bend Council of Social Agencies			x		35
	Young Men's Christian Association			x		
IOWA						
Cedar Falls	Parent-Teacher Association; Medical Society; Ministerial Association; American Association University Women; Women's Club; Women's Christian Temperance Union; Women's Relief Corps; Birth Control League; Commercial Club; American Legion; Church Study Group		x		PW	125
Cedar Rapids—Rotary Club				xFS		
Davenport—Lions Club				xPW		
	Council of Social Agencies			xFS		
Kiwanis Club				xFS		
Department of Health			x			
Rotary Club				xFS		
Des Moines	Iowa Joint Social Hygiene Committee; Iowa Congress of Parents and Teachers; State Department of Health		xPW			50
	Iowa Broadcasting System—Station KSO—WMT				PW	
Estherville	Estherville Welfare Association		x			
Shenandoah—Farm Women's Club				x		29
Varina—Consolidated School				x		
Washington—Rotary Club				x		
Waterloo—Medical Association				x		
KANSAS						
Horton—Kiwanis Club				x		20
Kansas City	Wyandotte County Health Council		x			175
Lewis—Lions Club				x		

State and City	Sponsored by	Type of Program *				Attend- ance	
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk		
KANSAS—continued							
Parsons	Labette County Medical Society; Parent-Teacher Assoc.		x			400	
	Public School Students			x		1,000	
Pittsburgh	Parent-Teacher Association (to be held later)		x				
Topeka	State Board of Health; County Medical Society; Topeka Civic Clubs	x				450	
Wakefield	Farm Women's Club			x		25	
Wichita	Epworth League			x			
KENTUCKY							
Ashland	Health Department had planned program but flood prevented meeting						
Hazard	Lions Club			xPW			
Hindman	Lions Club			xPW			
Hopkinsville	Lions Club			x			
Lebanon	American Legion		x				
Lexington	Lions Club			x			
Louisville	State Department of Health. Had to delay program on account of flood, but broadcast the Parran-Wilbur record on March 11th (Radio Station WAVE)						
	Kentucky Federation of Women's Clubs (exhibit)						
Paducah	Radio Station WPAD				PW		
Winchester	Rotary Club			x			
LOUISIANA							
Gibbsland	Lions Club			xPW			
Minden	Lions Club; Webster Parish Health Unit			xPW			
Monroe	Lions Club			xPW	PW		
New Orleans	Council of Social Agencies City Board of Health Social Hygiene Association	xFS			PW	500	
Oak Grove			West Carroll Parish Health Unit		x		30
Shreveport			Lions Club		xFS		
MAINE							
Augusta	State Bureau of Health				PW(5)		
Dover-Foxcroft	Piscataquis County Nursing Service, Town Club, Nurses Guild and others		x			200	
Presque Isle	Radio Station WAGM				PW		
MARYLAND							
Annapolis	Anne Arundel County P.T.A.			x(4)		400	
Baltimore	Department of Health; City Medical Society			xFS			
	Women's Civic Club			x			
Cumberland	Radio Station WTBO (County P.T.A. meeting to be held later)				PW		

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>MARYLAND—continued</b>						
Frederick	Lions Club			xPW	PW	
Hagerstown and Washington County	Lions Club			xPW		28
	Parent-Teacher Associations			x(3)		
Middletown	Lions Club			x	PW	
Rockville	Montgomery County Civic Federation			x		40
Montgomery County	Parent Teacher Association and Public Welfare Association			x		50
Thurmont	Lions Club			x		
<b>MASSACHUSETTS</b>						
Boston	Massachusetts Society for Social Hygiene				State-wide publicity program	
	Massachusetts State Federation of Women's Clubs					
Charlestown	Y.M.C.A.			x		30
Fitchburg	Universalist Church and Community Forum			x	PW	75
Haverhill	Parent-Teacher Association			x		100
Lowell	Radio Station WLLH				x	
Pittsfield	Council of Social Agencies; Public Health Department; Chamber of Commerce; Health Conservation Committee; Berkshire District Medical Society			xFS		1,200
Somerville	Y.W.C.A.			x		100
Springfield	Social Hygiene Com. Radio Station WMAS			x	x	
<b>MICHIGAN</b>						
Birmingham	American Legion Aux.			x		75
Grand Haven	Rotary Club			x		60
Grand Rapids	Department of Health			xFS		150
Greenville	Lions Club			xPW		
Saginaw	Y.M.C.A.			xPW		
Van Dyke	Lincoln School			x		
<b>MINNESOTA</b>						
Duluth	Council of Social Agencies; Social Hygiene Committee; Y.W.C.A.			x		75
Minneapolis	Exchange Club			x		
	State Department of Health Public Forum			x(2)		60
Orr	Virginia Health Dept. C.C.C. Group			x		
	High School Students			x		
	Community Group			x		

		Type of Program *				
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	Attend- ance
<b>MINNESOTA</b> —continued						
<b>Rochester</b>						
Medical Society and City Health Department			x			300
<b>St. Paul</b> —State Department of Health			x			
<b>Virginia</b>						
Chamber of Commerce				xFS		
Presbyterian Church				x		300
W.C.T.U.				x		30
Rotary Club				x		36
Kiwanis Club				x		40
American Legion				x		55
City Department of Health; Radio Station WHLB					(4)	1,500
St. Louis County Public Welfare Association			x			33
<b>MISSISSIPPI</b>						
<b>Greenville</b> —Y.M.C.A.				x		100
Junior Chamber of Commerce				x		
<b>Jackson</b>						
State Board of Health (statewide program of newspaper publicity and radio talks)						
<b>Vicksburg</b> —Y.M.C.A.				x		
<b>MISSOURI</b>						
<b>Columbia</b> —Public Welfare Society			x			
<b>Kansas City</b> —Social Hygiene Soc. Radio Station WDEF and KMBC			xFS		x	100
<b>St. Joseph</b> —Farmers Wives Club				x		25
<b>St. Louis</b>						
Missouri Social Hygiene Associa- tion * and St. Louis Medical Society			x	x		500
Women's Civic Committee				x		200
<b>MONTANA</b>						
<b>Missoula</b> —Radio Station KGVO					PW	
<b>Scobey</b> —Board of Education				xPW		
<b>Westmore</b> Radio Station KDG					PW	
<b>Wolf Point</b> —Lions Club				xPW		
Radio Station KG CX					PW	
<b>NEBRASKA</b>						
<b>Kearney</b> —Radio Station KGF W					PW	
<b>Lincoln</b> —City Board of Health, Nurses and Social Workers				x	PW	
<b>Omaha</b>						
City Board of Health				x		75
North High School P.T.A.				x		200
Lions Club				x		85
Young Business Men's Association				x		110
<b>NEVADA</b> —no meetings reported						
<b>NEW HAMPSHIRE</b>						
<b>Danbury</b> —126th Company C.C.C.				x		

\* The Missouri Association has also prepared a series of articles on syphilis and gonorrhea for the *Weekly Bulletin* of the Medical Society. Twenty-four have appeared so far.

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
NEW JERSEY*						
Asbury Park	State Health Dept. Radio Station WCAP County-Wide Committee	x		PW		150
Atlantic City	City Department of Health Welfare Bureau National Youth Forum State Health Department—Radio Station WPG		x	x	x   PW	32 100
Bergen County	72 Local Health Departments	xFS				400
Camden	League of Women Voters		x			
Clementon	Woman's Club			x		100
Cliffside Park	Board of Health		x			200
East Orange	Institute on Marriage and The Home Federation of Women's Clubs	x	x			150 60
Elizabeth	Council of Social Agencies and City Board of Health Union County Extension Service	x		x		180 65
Freehold	Y.M.C.A.			x		10
Hackensack	Lions Club			x		
Hoboken	City Department of Health Parent-Teacher Association		x	x		400
Jersey City	City Health Department Council of Social Agencies Jersey City Health Council Italian-American Mothers Temple Beth-El		xFS x	x x x	PW	400 100 80
Kearney	P.T.A.			x		20
Lakewood	P.T.A.			x		35
Linden	Department of Health		x			200
Lodi	Parent-Teacher Association			x		
Long Branch	Community Council Public Welfare Society			x x		
Maplewood	City Health Department		x			75
Monmouth County	Y.M.C.A.			x (5)		52
Morristown	Visiting Nurse Asso- ciation; League for Women Voters		x			100
Newark	Essex County Optometric Society Church Mission of Help			x x		
New Brunswick	Cooperative		x			50
North Bergen	P.T.A.		x			150
Nutley	Health Department; Woman's Club		x			75
Palmyra	City Officials			x		25

\* This list does not include forty or more meetings concerning which no specific information is on file. In all 102 meetings were held in New Jersey during February and March.

		Type of Program				Attend- ance
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
NEW JERSEY—continued						
Passaic	Rotary Club		x	x		90
	Parent-Teacher Association			x		
Paterson	Y.M.C.A.		x			250
Point Pleasant						
Ocean County	Health Association	x				50
Phillipsburg	Warren County P.T.A.	x				168.
Princeton	Health Department		x			50
Radburn	Citizen's Association			x		
Rahway	P.T.A.			x		41
Ridgewood	Y.M.C.A.			x (3)		300
Roselle	Rotary Club			x		
City Board of Health	Special Meeting for Negroes			x		
Summit	Y.M.C.A.			x		
Trenton						
State Health Department;	Radio Station WTNJ				PW	
Union City						
Department of Health;	Y.W.C.A.		x			
Verona	Overseers of the Poor			x		50
American Legion			x			40
Westfield	Master Plumbers			xFS		95
League of Women Voters				x (2)		
Woodstown	Salem County Health Asso.		x			
NEW MEXICO						
Sante Fe	Lions Club			x	PW	
State Department of Education			x		PW	
Gallup	Lay Health Committee			x		12
Methodist, Congregational, Baptist, Episcopal Churches—	(talks given by pastors as part of regular services)			x		
First Ward	P.T.A.			x		
P. E. O. Chapter "C"				x		
Gallup Women's Club				x		
Silver City	Lions Club			xPW		
NEW YORK						
Albany						
Albany Social Hygiene Association	} x					
New York State Health Department						
Municipal Health Department					x	2,500
Medical Society of County of Albany, and other agencies						
Auburn						
Cayuga County Committee on Tuberculosis and Public Health and Council of Social Agencies					(preliminary meeting—regional conference to be held later)	
Buffalo	Erie County Medical Soc.	x		x (2)	PW	1,000
Carthage	Rotary Club				x	
Dunkirk	Health Department; Red Cross; Social Service League			x		65



State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
NEW YORK—continued						
Hudson	New York Training School for Girls			x		500
Ithaca	Tuberculosis Association and 52 Community Organizations		x (to be held in May)			
Kingston	Ulster County Medical Society			x		
Lockport	Niagara County Health Association			x		
Medina	Lions Club			x		
Middletown	Department of Health and Fort- nightly Club		x	x		40
	Rotary Club			x		75
	Lions Club			x		15
	Kiwanis Club			x		50
	Mid-State Hospital			x		1,200
	City Health Department			x		50
	Club for Control of Venereal Diseases			x		50
Newburgh	Tuberculosis and Public Health Association and Lions Club			x		42
	Rotary Club			x		49
	Kiwanis			x		32
	Ossoli Club			x		25
New York City	Social Hygiene Council	x				5,000
	Young Men's Christian Association			x		
	Radio Stations WOV, WNYC				PW	
	WBNX, WNYC (2)				x	
	WOR (national hook-up)				x	
Olean	Cattaraugus County Depart- ment of Health				PW	
Plattsburgh	Radio Station WMFF				PW	
Potsdam	First Methodist Church			x		
Rochester	Tuberculosis and Health Association					
	Chamber of Commerce					
	National Bureau, Board of Education					
	Medical Society of Monroe County					
	University of Rochester					
		} xFS			x	152
Rome	Kiwanis Club			x		55
	Department of Health (Community agencies cooperated in Utica Regional Conference)					
Schenectady	County Social Workers Club and County Hygiene Committee			x		
Staten Island	Council of Social Agencies			x		
Syracuse	Onondaga Health Association		x			155

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>NEW YORK—continued</b>						
<b>Troy</b>						
Rensselaer County Tuberculosis and Public Health Association			x			750
Chamber of Commerce and Rotary Club				x		178
Council of Social Agencies			x			400
Departments of Health and Educa- tion; Boys' Club; Women's Club; Y.M.C.A.; Y.W.C.A.; P.T.A.			x			130
<b>Utica</b> —Council of Social Agencies		x				1,900
<b>Walton</b>						
Delaware County Tuberculosis and Health Association				xPW		30
<b>Watertown</b>						
Jefferson County Tuberculosis and Health Association, and County Medical Society, news- paper publicity and industrial campaign (Meeting held on October 5 and 8, 1936: attendance 300)						
Carthage Rotary Club				x		
Boys' Club Y.M.C.A.				x		
<b>White Plains</b> —Lions Club				x		
<b>Yonkers</b>						
Tuberculosis and Health Associa- tion and 36 local agencies			xFSPW			300
<b>NORTH CAROLINA</b>						
<b>Asheboro</b>						
County Health Department; Women's Club			x	x(3)		700
<b>Cherryville</b> —Lions Club				xPW		
<b>Draper</b>						
Adult Home Making Classes				x		24
Parent-Teacher Association				x		20
Boys Club—Y.M.C.A.				x		20
<b>Greensboro</b>						
Guilford County Medical Society			x			
Negro Branch—Y.M.C.A.				x		400
Woman's Club				x		
City Health Department			x			
Agricultural and Technical College of North Carolina				x		
Woman's College of University of North Carolina				x		
<b>High Point</b> —P.T.A.				x		
<b>Raleigh</b>						
State Board of Health						
State Department of Public In- struction (State-wide program of newspaper publicity, local meetings and film showings)						
<b>Roxboro</b> —Women's Club			xF5			100
<b>Waynesville</b> —Central Elem. School				xFS		
<b>Wilson</b> —North Carolina Congress P.T.A.—state-wide program (see page 161)					x	
<b>Yanceyville</b>						
Bartlett Yancey P.T.A.			x	x		108
<b>NORTH DAKOTA</b>						
<b>Bismarck</b> —Health Department			x		PW	
<b>Van Hook</b> —Lions Club				xPW		

		Type of Program *				
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	Attend- ance
OHIO						
Akron						
County Department of Health—						
Many meetings through Summit						
County					PW	
Cincinnati						
Cincinnati Social Hygiene Society (meeting postponed on account of flood)						
Lions Club				x		
Cleveland						
Academy of Medicine and the						
Holden Foundation of Western						
Reserve University Public Health						
Federation (1 week)		x				500
Health and Parent Education Asso-						
ciation				xPW		
Columbus—Radio Station WOSU }						
Council of Social Agencies }					PW	
Cuyahoga Falls—Torch Club				x		65
Cuyahoga Falls Social Workers				x		30
Men's Club—Episcopal Church				x		40
Rotary Club				x		60
Veterans of Foreign Wars				x		35
Dayton—Council of Social Agencies		x				
Hamilton						
Social Hygiene Committee, Y.M.C.A.		x				
Lorain—Lions Club				xPW		
Toledo						
Social Hygiene Council		x			PW	
Toledo Hospital School of Nursing				xPW		300
Woodward High School				x	PW	
Youngstown—Social Hygiene Asso-						
ciation; Radio Station WKBN					x (3)	
Federation of Women's Clubs				x		65
Medical Association				x	PW	
Zanesville—Radio Station WALR					PW	
OKLAHOMA						
Ada—Radio Station KADA					PW	
Broken Arrow—CCC Company 887				x		
Blackwell—Kiwanis Club				x		
Lindsay—Garvin County Medical Soc.		x				
Muskogee—Junior Chamber of Com.					x (Series)	
Vinita—Lions Club				x		
Norman—Pre-Medical Fraternity				x		
Young Men's Christian Association				x		
Oklahoma City						
Council of P.T.A.		x			PW	
State Health Commissioner					PW	
Radio Station KGFG					PW	
Pryor—Lions Club				xPW		
Sayre—Rotary Club				x		
Tulsa—Radio Station KTUL (see						
also p. 163)					PW	

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>OREGON</b>						
Portland	The Oregon Social Hygiene Society (to be held later)					
Tillamook	Lions Club			xPW		
<b>PENNSYLVANIA</b>						
Brookline	Pennsylvania Health Asso.	x				
Erie	Radio Station WLEW				PW	
Erie	Social Hygiene Association (general publicity program)				PW	
Erie	Ministerial Association			x		
Germantown	Beta Phalanx—Y.M.C.A.			x		
Harrisburg	Cooperated with Penn- sylvania Conference on Social Work			x		
Lancaster	Kiwanis Club			x		
Lewisburg	Board of Health co- operating with P.T.A., American Legion, Nurses Assn., Fed. of Churches, Lions Club, Rotary, etc.		xFS			
McKeesport	Bureau of Health (general publicity program)					
Norwood	Delaware-Montgomery Counties Public Health Association					
Philadelphia	Pennsylvania Conference of Social Work					
Lions Club of Overbrook				x(2)		
Philadelphia County Medical Soc. }				xPW		
Station WCAU }					PW	
Pleasantville	St. Paul A.M.E. Church			x	x (Series)	10 Talks
Saltsburg	Kiskiminetas School			PW		
Scranton	Social Workers Association (Planning a series of meetings during February)					
Wilkes-Barre	Luzerne County Social Hygiene Society	x				200
York	Social Service Club and York County Tuberculosis Association					
		x				40
<b>RHODE ISLAND</b>						
State Department of Public Health	(state-wide publicity program)					
Radio Station WJAR					PW	
Providence	District Nursing Asso.	x		x	PW	85
Pawtucket	Kiwanis Club			x		
<b>SOUTH CAROLINA—no meetings reported</b>						
<b>SOUTH DAKOTA</b>						
Aberdeen	Parent-Teacher Groups					
Women's Clubs				x(3)		180
District Medical Society, KADR				x		
Brown County Health Committee		x			PW	300

State and City	Sponsored by	Type of Program *				Attend- ance
		Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	
<b>TENNESSEE</b>						
Columbia	Lions Club			xPW		
Knoxville	Department of Health		x			
Maryville	County Dept. of Health		x		PW	
Murfreesboro	Rutherford County Health Department			x(18)		1,197
Memphis	Council of Social Agencies		x			
Memphis and Shelby County	Medical Societies			x		
Nashville	Community Chest (Series of meetings to be held later)					
<b>TEXAS</b>						
Austin						
City Department of Public Health			x			250
Radio Station KNOW					PW	
Kiwanis Club				x		50
Borger	Weatherly P.T.A.			x		22
Dallas	Sunset High Dads Club			x	PW	
Denison	Rotary Club			x		
Houston	Social Hygiene Assoc.		x		PW	150
Longview	Radio Station KFRO				PW	
Midland	Radio Station KRLH				PW	
Pampa						
Superintendent of Schools				x	PW	
Rotary, Kiwanis, etc.				x		
San Antonio						
City Department of Health						
Chamber of Commerce			x	x(2)		
Radio Station WOAI					x	
Templeton	Rotary Club			x		
Tyler	Radio Station KGKB				PW	
<b>UTAH</b>						
Salt Lake City						
Anti-Venereal Disease Committee of the State Medical Association		xFS	xFS	xFS		
State Department of Public Wel- fare					PW	
City Council of Women				x		
State Federation of Women's Clubs				x		
American Legion				x		
High School Teachers				x		
L. D. S. Church				x		
St. George	Dixie Junior College			x		
<b>VERMONT</b>						
Brattleboro	Lions Club			x		
Danby	Parent Education group			xPW		
Elmore	Uplift Club			x		
Montpelier	Parent Education Division			State-wide program		
Morrisville						
Parent-Teacher Association				xPW		
Woman's Club				xPW		
Newbury	Parent Education group			xPW		
<b>VIRGINIA</b>						
Charlottesville	Radio Station WCHV				PW	

		Type of Program *				
State and City	Sponsored by	Reg. Conf.	Com. Mtg.	Special Group	Radio Talk	Attendance
VIRGINIA—continued						
Arlington County	Kiwanis, Rotary and Lions Clubs			FSx(3)		70
Danville	Department of Health (15 meetings and 15 showings of <i>For All Our Sakes</i> )				PW	
Lynchburg						
Department of Public Welfare				x	PW	
Fortnightly Club				x		30
Newport News	—Rotary Club			x		
Norfolk	—City Dept. of Health		x		PW	
Richmond	—Federated P.T.A.			xFS	PW	
Council of Social Agencies			x			150
Lions Club				xPW		
Ripplemead	—Lions Club			xPW		
Roanoke	—Insurance Group, Department of Health; Kiwanis Club; N. W. Railway; Lions Club; Woman's Club and Ministers Group		xFS			
Radio Station WDB					PW	
Suffolk	—Lions Club			xPW		
University	—University of Virginia				PW	
WASHINGTON						
Aberdeen	—Radio Station KXRO				PW	
Seattle	—Plymouth Church			x	PW	
Seattle Health Council	}	xFS				70
County Department of Health						
State Department of Health					PW	
Spokane	—Junior Chamber of Com.		x		PW	
Radio Station KFIO					PW	
Tacoma	—Public Health Council		x			
Walla Walla	—Kiwanis Club			x		70
WEST VIRGINIA						
Charleston	—Radio Station WCHS				PW	
Institute	—West Virginia State Col.			x	PW	600
Spencer	—Lions Club			xPW		
Weirton	—Kiwanis Club			x		
Wheeling	—Department of Health		x			
WISCONSIN*						
Eau Claire						
Committee on Social Hygiene appointed by President of Department of Health			x			
Madison	—University of Wisconsin—State Broadcasting Station WHA				PW	
First Baptist Church				x	PW	
Milwaukee	—Council of Social Ag.		xPW			225
Radio Station WEMP					PW	
New London	—Lions Club			xPW		
West Allis	—P.T.A.		x	x		
Board of Health			x	x		
WYOMING—no meetings reported						
Total		21	152	355	135	52,377

\* The Wisconsin State Department of Health conducts a continuous educational campaign in social hygiene, with full-time men and women lecturers assigned to work with parent-teacher, club groups and students.

# Journal of Social Hygiene

International Number

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**Second National Social Hygiene Day  
February 2, 1938**

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## International Number

### VENEREAL DISEASE CONTROL IN DANEMARK

#### *With Special Reference to Control of Syphilis*

C. WENDELL FREEMAN, M.D.

*Fellow of the Oberlaender Trust, Year 1934-1935*

The Utopian goal of every Department of Public Health is the complete eradication of all disease. Study and research, during the past fifty years, have made great progress towards the attainment of this goal. Few diseases have offered so many and so varied obstacles to a successful attack and eventual extinction as syphilis.

As part of a study made as a Fellow of the Oberlaender Trust I had the privilege of studying the system for the control of syphilis in Danemark. There, in spite of all moral obstacles encountered in other countries, an intensive twenty-seven-year program has been carried forward until today the incidence of syphilis is reduced to a minimum and this disease appears on the verge of complete extinction. In 1906 the average number of new cases of syphilis reported in Danemark per 10,000 population was 39. In that year the provisions of the present Venereal Disease Law became operative and no better proof of the effectiveness of the Danish System can be found than the statistics of 1933, which showed that there were only 3 new cases of this disease reported per 10,000 population. Unfortunately, a similar decrease in gonorrhea has not been observed.

I wish here to express my great appreciation to the public health officials of Kopenhagen for their cooperation and eagerness to place every facility at my disposal for a thorough study of their organization.

The basic principle of the Danish Venereal Disease Law is the acceptance by the government that medical care of persons having syphilis or gonorrhea is a responsibility of the state. By the provisions of this law treatment is compulsory for all inhabitants of Denmark who become infected with a venereal disease. As soon as the illness of a patient is definitely diagnosed as a venereal disease, immediately he is under the law and no excuse is accepted for failure to continue treatment until discharged by his physician. The state accepts as its responsibility all expense of his treatment and the patient must accept as his responsibility promptness and regularity in his attendance at the clinic.

The plan of the city of Copenhagen is the model for the entire country. This city is divided into seven districts in each of which there is a venereal disease clinic under the direction of a specialist. The entire expense of the maintenance of these clinics, including the salaries of the personnel, is assumed by the government. Placards, printed in Danish, English and French and showing the location and hours of these clinics, are posted on the sign posts throughout the city. These placards are also carried by the harbor physicians and posted on the bulletin boards of all incoming ships so that sailors and ship workers coming into the harbor can see the location and hours of these clinics and if they are infected with or have been exposed to a venereal disease they can see where they can be treated or examined. One of these clinics is in charge of a woman physician for those women patients who prefer to be examined and treated by one of their own sex.

The clinics are always located in congested districts in order to be readily accessible to large numbers and yet are placed just off from the main street, the object being to preserve privacy for these sick people. This object is furthered by having these clinics located in buildings in which there are many other offices having nothing to do with venereal disease treatment. Thus a patient freely enters such a building to seek medical advice without every passerby knowing that he is entering for treatment of a venereal disease. On the wall of the building is a moderate sized sign, large enough to be readily seen but not so glaring as to be frightening.

I visited one of these clinics during the consultation hours of Dr. Peterson. The office was similar to the average physician's private office. It was adequately but not elaborately furnished. What impresses the visitor most is the great emphasis placed upon privacy. The patient is admitted to the consultation room just as any private patient would be and his consultation and treatment is accompanied by none of the hurry seen in so many venereal disease clinics.

During my visit a patient presented himself who had had to be sent for by the police. There was no long lecture from Dr. Peterson but only a friendly, kindly attitude of wanting to help him to get well. Some idea of the scarcity of syphilis in Denmark can be gleaned from a statement by Dr. Peterson that in the last three to four years he had seen not more than three to four new cases of early syphilis in his clinic.

One of the largest centers for the treatment of Venereal Diseases in Copenhagen is the Municipal Hospital. Although this clinic deals with a larger volume of patients than the individual clinic, every effort is also made there to preserve privacy for the patients. This is effected by the use of several small rooms and the use of screens in the larger rooms. The director of this clinic said that he sees not more than ten cases of primary and secondary syphilis in a year and has noticed no increase in the incidence of tertiary or late manifestations of the disease. When confined to this hospital the patient pays only a little more than one krone a day and when insured the charge is only sixty ore (about 15¢) per day.

Emphasis upon the right to privacy for the venereal sick is further exemplified by the withholding of the name and address of the patient from their prescriptions. If the patient is not working the prescription is filled free of cost by the pharmacist who collects from the state. The clinics use prescription blanks of two colors, one for pay and the other for free prescriptions. The medicine prescribed is the medicine indicated and is not a "just as good" cheaper medicine for the unemployed.

All persons who do not make more than four thousand kroner per year must belong to the sick insurance. This insurance agency is a private corporation but state controlled and the government each year makes an appropriation to remove the incurred deficit. The city of Copenhagen is divided into districts and there are six to eight physicians in each district. No doctor can have more than two thousand three hundred members and no patient can change their insurance physician more than once a year, on January first. Six kroner secures medical attention for one year and twelve kroner a year pays for an entire family.

The law requires that when a patient fails to report for his treatment he shall receive a letter from the clinic saying that he must immediately resume his attendance. If there is no response from this letter the clinic reports the case to the Department of Health Police (Public Health Service) who send a more forceful letter to the patient. If there is still no response the health police go and detain such a patient in a hospital and when once admitted he must

remain until discharged by a physician. Dr. Larsen, Director of Public Health for Copenhagen, explained that this last extreme measure is seldom required as practically all the delinquent patients respond to the first or second letters. It is the law in Copenhagen that when a person changes, for any reason, his address, the new address must be registered within seven days and this law makes the tracing of patients very easy. Using the above measures and dealing with a population which has been educated over a period of twenty-seven years in the provisions of the Venereal Disease Law, Dr. Larsen says that at least seventy to eighty per cent of the patients infected with syphilis finish their "course" of treatment without any persuasive measures; that twenty to thirty per cent stray from treatment but through the check-up return or are returned to complete their course and that only about two per cent of all syphilitic sick in Copenhagen stray from treatment and cannot be traced. Ninety-eight per cent complete their "course" and are discharged by their physicians.

Treatment varies slightly in various clinics but consists mainly in the use of neosalvarsan and bismuth. Ten injections of each given at weekly intervals constitute a "course." A rest period of a month is allowed before beginning the second course. Before the second course begins, a Wassermann test is made. If after a rest of a month following the second course, the Wassermann test is negative, no further treatment is given. If at this stage in his treatment the Wassermann persists positive, he receives a course of ten injections of bismuth but no neosalvarsan is administered. After the Wassermann is negative serological control tests are done after a period of six months and again after an interval of a year and if both of these tests are negative the patient is told that no further treatment is required. He is instructed however to report immediately to the clinic if there should appear any signs or symptoms of syphilis.

Every new patient infected with syphilis is asked from whom the infection was received. The clinic immediately sends a letter to this suspected source of infection asking the person to come in for examination. The patient is also told to request his partner to be examined at the clinic. If neither of these measures brings the suspected source to be examined, no other means are available as the Venereal Disease Law specifically states that until a venereal disease is definitely diagnosed, the patient is not within the scope of the law. If, however, the source of infection is a patient who is under treatment for a venereal disease, that patient can be arrested by the police and confined to prison.

Only such patients as exhibit exposed infectious lesions of syphilis

are required to cease their work and these of course must receive treatment. This applies only to such employment as food handling which might endanger the health of others. Enforced idleness is insisted upon for a period sufficiently long to permit disappearance of the lesions so that the patient is no longer a menace to the public health.

Socialization of diagnosis and treatment of syphilis and gonorrhea is practically complete in Denmark. So complete is this socialization that it is said that even specialists in this field have only two or three private cases of fresh syphilis in a year. Practically all the people belong to the state sick insurances which provide for hospitalization or any other needed medical service. When a physician has a private patient with venereal infection he must observe all the requirements of the law. He must report his cases to the Board of Health and is required to, and does, report immediately any delinquency in treatment. Three follow-up letters are sent in cases of private patients who fail to continue treatment until discharged. One of these letters comes from the private physician, the second from the clinic of his district and the third from the Department of Public Health. Failing to get a response from any of these letters the health police are sent and the patient is arrested.

Prostitution is not legal in Denmark and the law is rigidly enforced. If a girl is suspected of being a prostitute she can be questioned by the police but if she can prove that she has a job and a room no charge can be placed against her. Dr. Larsen says that he is convinced that today few of the prostitutes of Denmark have syphilis.

No single factor has contributed more to the successful fight against syphilis than the card index system of registration of all patients of Denmark, Iceland and the Faeroes Island who have or have had the disease. This card index system is so simple as to be almost unbelievable and yet so complete that it contains registration cards of over seventy thousand patients. This centralization of registration is made possible through the fact that at Copenhagen is the States Serum Institute. To this institute all patients with syphilis are reported and all blood samples are sent for examination. Neither the name nor address of the patient accompanies the specimen, only the initial of the family name, the year, month and day of birth and from these four items the card index record is prepared. As an example a blood specimen is sent in to the Serum Institute as *T 1880-6-30*. The office worker in charge of the index examines all cards in the file of the year 1880 and looks for this initial *T* and this birthday, sixth month and thirtieth day. This is done with

approximately four hundred cards each day and if an old card is found in the files for a patient, the results of the present test are put on the old card, otherwise a new card is prepared and another patient is added to the register. Theoretically it is of course possible that reports for two persons will be sent in with the same family initial and the same year, month and day of birth but practically this possibility offers no problem. When such a rare instance does occur a request is sent to the physician or clinic for some additional information to separate the two patients or determine that they are the same.

When a registered person dies his record card is taken from the regular files, the post-mortem diagnosis added and it is then filed separately.

The Serum Institute was erected by the statute of March 20, 1901, for the purpose of the production of antidiphtheritic sera for use in Denmark and for the scientific investigation of questions relating to immunity. Later, by the statute of April 1, 1910, this institute was enlarged so as to become the central epidemiological institute for the whole country. Its purpose is now, besides the production of various therapeutic sera and vaccines, to undertake diagnostic, bacteriological and serological investigations. It is administered under the Ministry of Justice and the National Board of Health and is directed by Dr. Madsen. The Institute acts as the central laboratory for the health committee of the League of Nations in all questions concerning the standardization of therapeutic sera and serological reactions. In this Institute are performed all Wassermann tests for Denmark, Iceland and the Faeroes Island. No private laboratory is permitted to perform any serological test for syphilis. Thus every Wassermann test whether for diagnosis or control must be done at this central laboratory and accompanying the blood specimen is the information card (Fig. 1) from which the index file card is prepared. Thus it is easy to follow the syphilitic patients even though they move from city to city. (Fig. 2 shows how these patients are followed from city to city.) The only patients who are allowed to leave before the completion of their course of treatment are sailors and ship workers and even then treatment is not neglected. These men are given pocket booklets printed in English and French in which there is space for the notation of tests and treatment by medical officers in whichever treatment center in whatever country this sailor may go. It acts as a portable history of the patient under treatment. Whenever possible the exact address of a public health clinic in the city to which he is embarking is given to the patient.

Enhver Læge kan ved Hvervedelses III Serum-institutets Registrationskontor få alle Oplysninger om tidligere Reaktiøner — forudset at samtlige Spørgsmål paa Kært bekræftes nøjagtigt!

<b>Lægens Navn</b> Name of Dr. or Hospital (Institutionens) <b>Adresse:</b> Location of Above <b>Datum:</b> Date 193 <b>Journal N<sup>o</sup>:</b> Private no. of Dr. or Hospit.		(Udfyldes af Institutet) <b>Year no.</b> <b>Day no.</b>
<b>Begyndelsesbogatavet i Efternavnet</b> (Ved Dobbeltnavne Begyndelsesbogatavet i begge Navne) nuværende Navn tidligere Navn (Navneforandring eller Ægteskab)		<b>Patientens Køn:</b> (Overstreg, hvad ikke gælder) Mand Kvinde Male Female <b>Fødselsdag</b> <b>Date birth</b> <b>Fødselsaar</b> <b>Year birth</b>
<b>Family name or Initial of family</b> <b>Initial of the name of it has been changed by marriage or other</b>		
<b>Førelindes kliniske Tegn paa Syphilis? Are signs of syphilis present.</b> <b>Syphilis 1st diag. day or not? (Clinical or serological) When was</b> <b>Af hvem? (Læge eller Institution) Who and where</b>		
<b>Drejer det sig om Syphilis congenita? Is syphilis congenital or no.</b>		
<b>Betaling: Price</b> Privat Pt. 5 Kr. Samvirk. Sygek. Kbhvn. 2 Kr. De forenede Sj. Sygek. 2 Kr. Centralforen. f. Amt 2 Kr. Sygek. f. Klinikker o. lign. 1 Kr.	<b>W. R. Kahn. R.</b> <b>Udv. Unders.</b> 6 Kr. 3 Kr. 3 Kr. 3 Kr. 2 Kr.	<b>Date</b> <b>Indk. darr. O.Besv. d.</b> <b>Sample</b> <b>Report</b> <b>W. R. Wasserman</b> <b>Kahn. R. Kahn</b> <b>Udv. Unders. 'Special'</b> (Udfyldes af Institutet)

Ved Underregning angives under hvilken Tariff Patienten hører.

Figure 1. Information card which accompanies blood specimen. From this card the index record is prepared.

Birth yr.	Mo.	Day	1st letter of last Name	Whole Name when Given	Date of Diag. or Sample	Place or Dr.'s Name	Sex
1892							♀
1909	Mon.	Dr. or Hospit.	no.	Bl Yr. or No.	Diag. 1st made	pos. or	Kahn
1924		Marine hospit.		Spin			
		"					
		"					
1925		Priv. Dr.					
		"					
		Hosp. Marselisborg					
		in Yutland, Den.					
		"					
		"					
		small town in Yutland					
		Kolding City					

If do not know when does Dr. think Day made

Reported according to scales or strength. 1-2 is doubtful. 3-4 is real pos.

Figure 2. Sample card from the card index files. Note the many sources of the information.

The specimen of blood for examination is received by messenger or through the mail one day; it is examined the next morning and by the third day the report is on its way to the doctor. In emergency cases the report is telephoned or can be sent by wire. About four hundred blood samples are tested daily in this central laboratory.

Every check and cross check, both upon technical procedure and office recording is in effect. Every care is taken to prevent the interchange of blood samples. These blood specimens are sent through the mail in special mailing kits which consists of a glass tube with a rubber stopper, an aluminum tube into which the glass tube is placed and a double heavy paper envelope into which the aluminum tube is



Figure 3. Mailing kit for blood samples. Note the transverse line which is the lower limit of the inner envelope.

placed (Fig. 3). The inner envelope of the self-addressed mailing envelope reaches only to the transverse line (as seen in Fig. 3) and this allows a free end where post-office cancellation can readily be effected. These kits are supplied free to all physicians and clinics. As the samples arrive at the laboratory they are received by one worker who has charge of the opening of the incoming envelopes. She withdraws the blood tube from the envelope together with the accompanying information card and immediately before laying either down pastes on both the day number for that specimen. These day numbers are red one day and black the next which minimizes any danger of mixing the tubes of the arriving specimens with those being tested. A second number, the year number, is placed above the day number on both the tube and the card. After the result of the Wassermann test is known vigilance is not relaxed. In the room where



the reports are prepared there are further checks. All results are typed in duplicate using carbon paper; the original copy is sent to the physician and the copy is kept as a laboratory record. This report before being dispatched is initialed by the clerk after checking with the original laboratory record and then is again checked with the original laboratory record by a second worker who initials the back of the card and, these checks being completed, the report may be sent.

The ordinary laboratory checks well known to all serologists are of course routine here. Especial emphasis is placed upon the relation of this laboratory to the clinician. Thus each specimen of blood received is treated, not as so much material to be tested and a positive or negative report sent back, but as the blood of a patient who may or may not have syphilis. Thus if the tests show a positive Wassermann and a negative Kahn both tests are done a second time. If these results are repeated in the second testing then this report is sent to the physician but he is requested by the laboratory to send in another blood specimen from this patient and to watch for clinical signs of syphilis. Another check to prevent the reporting of errors is the repetition of all positive Kahn tests using the original and various other dilutions of the Kahn antigen. The test with the original dilution and at least some of the tests with the diluted antigen must be again positive before the original result is accepted. If the blood sample is from a patient with primary or secondary syphilis then the more sensitive presumptive Kahn, the Müller-ballung and the Meinike-klarung tests are done and if the report is negative this laboratory is not satisfied only to report this but also requests an additional blood sample and the physician is advised to watch the patient for further clinical symptoms and not to depend too much upon serological results in early syphilis. Thus through clinical and clerical checks the percentage of error or false positive is reduced to the absolute minimum.

The price charged for the tests is very reasonable. When performed for a private patient the charge is five kronen (one kronen equals 22¢) for the routine Kahn and Wassermann tests and six kronen when the special Müller-ballung, the Meinike-klarung and the presumptive Kahn tests are requested. For insurance patients, and most of the people of Denmark belong to these sick insurances, the charge is two kronen for the routine Kahn and Wassermann and three kronen for the special sensitive tests. Hospitals and clinics pay only one kronen for the regular and two kronen for the special

tests. All tests done for the Public Health Clinics are without any charge to the patient.

There is no clause in the Venereal Disease Law of Danemark compelling pregnant women to submit to a Wassermann test but education in health has been developed to such an extent that most of these women voluntarily seek medical examination and advice in the prenatal clinics. There a routine Wassermann test is performed and if the expectant mother is found to be infected with syphilis she is then compelled by law to undergo prenatal treatment.

In a beautiful suburb of Copenhagen, I visited the municipal hospital for congenital syphilis, The Welander Home. Here I was greeted by a pleasant staff and during my visit I could not help but be impressed by the cheerfulness and happiness of these little patients. Infants from fifteen days to children of fourteen years are admitted. The staff consists of a directress and two assistants, all trained nurses, and of twelve pupil nurses. The medical treatment is in charge of two physicians, a syphilologist who examines these children and administers anti-syphilitic treatment when indicated, and a pediatrician, who ministers to any other complaint of these little patients.

Upon entering the Home there are three observation rooms. In these rooms infants of known syphilitic parents are brought and observed with periodic serological examinations. Here they are observed until they are two years old and if by that time they have never shown any signs of syphilis and if their serological tests have remained negative they are discharged. The patients with syphilis and those that are being observed have separate sleeping, dining and play rooms both in the home and outside in the grounds. Most of the patients under observation are only two years old or under which makes easy the problem of the separation of the two groups at play. Every facility to make these children happy as well as healthy is available. They sleep and rest out of doors in the large well kept, shady grounds. When there is rain, archways protect the children and yet permit a continuance of rest or play in the open air. Dolls, hobby horses, children's size tables and chairs, swings and sand boxes, children's pictures from fairy tales on the walls, live and playful pets, light and sunshine and a cheerful, kindly and sympathetic staff make for these unfortunate children a beautifully happy life. They are allowed to remain in this home after treatment has rendered the Wassermann negative. When they become old enough to attend school, these children are sent to the regular public school of the neighborhood.

There are today three such homes in Danemark and their work

and results have fulfilled the hopes of the founder Professor Welander of Stockholm, who as early as 1900 saw the great need of such institutions and in that year laid the cornerstone of the first building. The admittance of the children to the Welander Home whether for observation or treatment is entirely voluntary and no child is admitted without the consent of the parents. There are at present about forty children in the Home in Copenhagen. With the great decrease in congenital syphilis in Denmark these institutions lay more and more stress on the finding of missed cases through the exacting period of observation.

The success of the Danish system for the control of syphilis is the result of over twenty-five years of painstaking education of the people with regard to the provisions of the Venereal Disease Law and the supplying by the government of the means and facilities for the effective functioning of this law. Every city of Denmark with twenty thousand population or over has a public health venereal disease service similar to that in effect in Copenhagen. In smaller towns the medical officer has charge of this phase of public health work and even in the smallest hamlet every person can be efficiently treated for a venereal disease without cost to himself.

The results attained by Denmark well repay that nation for such expenditures of money and effort as her program has required. In 1908-1912 there were 2,446 new cases of syphilis reported in Copenhagen or 53 per 10,000 inhabitants. In 1933 there were only 193 new cases reported or 3 per 10,000. Further investigations were made of the new cases of 1933 and showed that two-thirds of these cases were early syphilis and the remainder *lues latens*. Further study revealed that the occupation of the patients in the infective group (*lues 1 and 2*) was, first and largest group, sailors; second largest, waiters and house maids; and third and smallest, drivers. The group consisting of the sailors was larger than the other two groups combined so that the authorities now believe that most of the new syphilis of Denmark is brought in by ship workers from other ports.

The marked decrease in the syphilitic infection rate cannot be ascribed to an improved morality or other factors removed from the strict medical field. Dr. Larsen pointed out that in Denmark the number of new cases of gonorrhea shows only a slight decrease and has not kept pace with the marked reduction in the syphilis rate. In Germany, Austria, France and England where education and improved therapy have caused a marked reduction in the number of new syphilitic infections yearly, the decrease in the incidence of gonorrheal infections has not kept pace. We feel therefore that

the progress that has been made in Denmark in the fight against syphilis has been a result of the ceaseless vigilance and energetic attack of the medical profession assisted by the wholehearted cooperation of the government.

Three items require reiteration in summarizing the factors responsible for these results. First, that the care of the venereal sick is a function of the state; second, that privacy is a right of these patients that must be provided; and third, that centralization of registration and treatment is an important and essential factor in venereal disease control.

The virtual extinction of syphilis in Denmark stands today as the answer to the pessimist who does little but cry that the control and eventual elimination of syphilis as a public health problem is impossible. What has been done in this small country may be as effectively done in larger ones and the success in Denmark stands today as a challenge to the rest of the world.

## MOSCOW REVISITED

SOCIAL HYGIENE 1930-1936

RACHELLE S. YARROS, M.D.

*Secretary, Illinois Social Hygiene League, Chicago, Illinois*

Six and a half years ago I made a trip to Russia, and while I was interested in the new economic and social system they had established, I spent the major portion of my time in studying the problems of social hygiene and the family.

The anti-venereal disease Institute in Moscow was a great surprise to me. Even then it was, in my opinion, one of the most outstanding institutions in the world, with a comprehensive program coordinating all of the most important phases of social hygiene work. Russia was spending more money on its program than were other countries in proportion to their economic means. There were still bread-lines, and people had great difficulty in obtaining the simplest necessities and comforts of life, but health and education were deemed vitally important, although every effort was made to feed the children adequately.

In the Institute free treatment was given to all. In spite of the lack of many modern facilities, they provided hospitalization for infectious cases, ambulatory service, research work, and education of the physicians and lay public on a very

extensive scale. Under the leadership of Prof. V. Brunner and a group of younger physicians, a most determined effort was made to free the country of one of its major health menaces: venereal diseases. They already had some very interesting charts and statistics showing the substantial reduction in the prevalence of venereal disease. They showed that the reduction of venereal diseases was directly related to their effective program for dealing with the problems of prostitution, a program which, from the very beginning, had been an integral part of their whole social hygiene campaign. They were convinced from their own experience and that of other countries that the only way to solve the problems of prostitution was to remove its underlying causes, economic, educational and social.

The organization of prophylactoria, which were designed to shelter, protect, educate, and furnish remunerative work for the inmates while under treatment, was the cornerstone of their entire program. I visited the largest and best of the prophylactoria in Moscow in 1930, and studied its operations carefully. I was greatly impressed with the favorable results they achieved.

Most of the inmates came through the Institute of Venereal Diseases. At that time they had not only those who actually had lived by prostitution and were infected, but many borderline cases who were unemployed and in danger of becoming prostitutes. Because of lack of work many others came in voluntarily. From the records it was obvious that most of the girls had entered a life of prostitution because of this lack of work. Thousands of young women had left their villages to migrate to the larger cities. They were uneducated and without a trade of any kind, and prostitution offered them, as it always has, a temporary livelihood. The fact that these young people could find shelter, the opportunity to earn a living and learn a trade induced many of them to go into and remain in the prophylactoria, for they were not prisoners in any way and were free to leave at any time. The fact that they were given facilities to become literate and obtain all forms of recreation added a good deal to their chances for readjustment to normal life. At that time there were about sixteen institutions of this type in Russia. Each home had a factory in connection with it which produced special articles. After the first month of apprenticeship the inmates were paid the same wages which the Government paid for similar work in other factories.

All this time the general public was being educated to the new idea that prostitution is an anomaly; that what they were fighting was not the individual prostitute, but the system of prostitution and those who contributed to it, like the procurers, keepers of houses and others who promoted promiscuous sex relations. Police were instructed to close the houses, and suspected places of recreation were carefully watched. Punishment of procurers was almost merciless.

The law which punished severely men and women who knowingly carried infection to others helped materially in tracing sources of infection.

I came away much encouraged because of the good work already accomplished in social hygiene. In spite of all the adverse reports circulated about Russia's destruction of the family as a social unit and widespread sex demoralization as a result of making marriage and divorce too easy, and legalizing abortions, I was assured in interviews with medical people and leaders in these fields, as well as in discussions with various students of the problem, that their goal was really a finer, freer, smaller family, and that they regarded many of the steps they were taking as necessary temporary measures. They distinctly told me, and it has been stated in some of their publications, that their purpose in legalizing abortion was to save thousands of women from the dangers of self-induced and criminal abortions, which constitute a grave problem in all countries. They explained that they could not afford to increase their population at that time because of economic conditions; but, on the other hand, they needed every healthy man and woman available in the industries and fields to build up a sound economic state. Medical leaders asserted, indeed, that the mortality and morbidity from abortions performed by accredited physicians under strictly aseptic conditions was very low, but they admitted that as a birth control measure abortion was far from being satisfactory or desirable. Birth-control clinics had been established, but the people were too ignorant to take full advantage of them.

Six years passed, during which time the U.S.S.R. continued to struggle with numerous problems and obstacles. Most unbiased people had no doubt that great progress was being made in Russia's economic and social system. I must confess that I was very eager to visit Moscow again and see for myself the changes that had taken place since 1930.

The changes in the physical condition, the evidence as to health and well-being of the people, struck me with force as soon as we arrived in Moscow. The people were better dressed and better fed, and—the rebuilding of Moscow seemed to me truly miraculous. Vast portions of old sections of the city had been razed, and in their places had gone up magnificent buildings, or new squares and parks had been laid out. A large number of apartments had been built or rebuilt for working people. Hospitals, educational institutions, libraries and other public buildings were either being built or rebuilt on a vast scale. Roads were being improved, and transportation within the city was much better. Especially notable was the subway system which is outstandingly fine.

I saw the city at its best, but there were certain disadvantages in a mid-summer visit, for I found the Institute of Venereal Diseases practically closed for reconstruction, as were many other similar institutions, and its director, Professor V. Brunner, away on a tour with a group of representatives from the League of Nations, who were studying certain phases of Russia's health work. However, I

was fortunate in having a long conference with Professor Brunner's associate, a very brilliant and well-known professor. He described vividly the anti-venereal disease work in the Soviet Union, and discussed in detail the accomplishments and the plans for the future. Several members of the staff who were out of the city on vacation went to a great deal of trouble to come into Moscow to talk with me and show me their work.

They had numerous charts graphically displayed, exhibits of charts, pamphlets and educational material. Six years before there was a shortage of paper, and they had complained bitterly of being forced to postpone the record displays and reports which they felt necessary, but now there was an abundance of material.

One table which attracted my attention showed that from 1912 to 1929 there was a reduction of 72.5 per cent in the prevalence of syphilis for the entire country, while in Moscow alone, during 1930, there were 38.5 cases of syphilis per 10,000 inhabitants as compared to 165 in 1924.

The approximate number of prostitutes in Moscow in 1928 was 3,000, at which time there were approximately 80,000 unemployed women in the city, but in 1931, when unemployment had been "liquidated," the number of prostitutes was reduced to 800.

From Professor Brunner's book, "*La Lutte contre la Prostitution en URSS*," I take the following table:

<i>Statistics of venereal cases</i>		<i>Infected by Prostitutes</i>
Persons with venereal diseases per 10,000 inhabitants .....		
	1914—388.7	221
	1925—190.0	60
	1927—132.0	35
	1934— 75.1	9

Professor Brunner's associate emphasized that they had established clinics all over the Soviet Union, even in the most remote parts of the country. This extension of clinics has brought about an interesting situation, not only in the cities but in the rural districts and peasant communities. Because of education and facilities now available for treatment, the cases coming to the clinics in the rural districts are largely new cases of infection or very old cases.

While they are very much encouraged with the progress being made, the number of cases of syphilis per 10,000 having declined from 63 in 1935 to 30 in 1936, they still have many problems on which they are working.

They are carrying on an active educational program in the industrial and agricultural cooperatives, thus reaching practically the entire population. They feel that they have every reason to hope that this education will result in further reductions of venereal diseases in the coming generation because of greater knowledge and increased idealism in social as well as sex relations.

They are doing considerable work with individual cases and are carrying on more extensive research in the medical and social aspects of syphilis. Because they have complete control over many of the

phases of social hygiene work, the accumulated data, carefully reported and charted, should aid them immeasurably in making a future program.

Professor Brunner's associate was very eager that I should see the largest of the prophylactoria in Moscow. It was the same one I had seen on my previous visit. A group of us, from various countries, went together, and while we were waiting for Professor Danenschewsky, the physician in charge of the Moscow work, to explain the plan of operation to us, I had time to look around in the shops where the girls were working and to talk to them. The first thing that caught my eye was the beautiful sweaters and scarves they were making instead of the dull black stockings they had been knitting on machines when I saw them last. The colors were varied and bright, and the wool of good quality. When I remarked about their work the girls seemed proud. However, as I looked around further I was somewhat shocked at the appearance of the girls themselves. Many seemed under-sized and of an inferior type, while others were much older and bore the marks of the professional and hardened prostitute.

I also noticed a policewoman in military uniform at the door, and since that was something new I asked her why she was there. She replied, "We have to watch these girls nowadays." This puzzled me until I had further discussion with the doctor and had read Professor Brunner's book with which Professor Danenschewsky presented me. The book outlines in detail the work of the prophylactoria and their accomplishments.

Professor Danenschewsky opened his lecture with a brief summary of the situation concerning prostitution under the Czarist regime. He showed us a large number of albums containing photographs of some of the prostitutes who plied their trade at that time. He said these photographs had been found in the Government Bureau after the revolution. According to the general census of 1897, Russia had more than 1,300,000 women employed as maids and cooks in private homes. The working conditions and the pay were so poor that 65 per cent of Russian women prostitutes of the same period were recruited among maids and cooks. Seven thousand nine hundred and twenty-eight prostitutes belonged to the above category (or, in other words, 6 out of 1,000 house servants were doomed to become prostitutes). Women working in factories earned around 10 roubles a month, which was two or three times less than men workers, and about 4.6 per cent of them became prostitutes, too. According to the statistics of 1908, 39.4 per cent of the women living in houses of prostitution had venereal diseases; this proportion among isolated prostitutes was around 37.8 per cent and among women of unknown professions but suspected of prostitution, 23.6 per cent. \*

He then outlined the reasons for establishing the work-prophylactoria, saying that it seemed to be the only effective way to deal with the problem; that is, to work for the ultimate rehabilitation of the prostitutes, which could only be done by furnishing them with the important things of life: return to health, the established habit of work, the security of work, recreation, education and cultural pos-

\* "La Lutte contre la Prostitution en U. R. S. S."—V. Brunner.



sibilities. The methods which had been tried in other countries had been completely ineffectual, he said, because the fundamental conditions of life were not radically changed, and, particularly, because the public was never ready at any point to give a real chance to girls who had been prostitutes.

Soon after the establishment of the work-prophylactoria, they found that the experiment was working very well and that a large number of girls responded to this treatment. An increasingly large number of them were able in time to take their places in the regular social order. Only a small percentage, about eight or ten per cent, ever ran away, and many of those who did returned and were given every opportunity to make good.

In the course of the 14 years since the inauguration of this program, the work in the various prophylactoria has developed in many ways. It was found that the trades had to be varied from the simplest work to the most highly technical and stimulating types. By giving the students, as the inmates were called, opportunities for development, many have been found who possessed distinct talents for art, literature, drama, and music as well as leadership and executive ability. Therefore, training classes have been established in which such individuals could find wider possibilities for development. The study of government is an integral part of the training of all workers in Russia, and the students in the prophylactoria are no exception. Participation in the management of their lives through the system of self-government that prevails has helped them towards self-respect.

Some of the factories connected with the prophylactoria have been very successful in competing with other industrial undertakings. The value of the three branches of the Moscow prophylactoria was 4,609,621 roubles for 1932, the three branches being chemical cleaning, knitting and sewing.

As I pointed out earlier, the wages of these student inmates were the same as those of workers in similar lines throughout the country. Their hours were also the same: seven hours a day of five days, followed by a day of rest. On that day of rest they are free to leave the prophylactoria, as they are any evening, but they must return by ten o'clock. There is little restraint put upon them, but there is constant, though friendly, supervision over them by nurses and social workers until they are ready to assume full responsibility for their behaviour. In the prophylactoria they are expected to pay regular board and room fees, but the rest of their earnings they spend as they choose.

As the demand for labor grew, many of them went out for work and were received into working groups without the slightest discrimination, although, in the factories, too, they were carefully watched and guided. Most of them returned to the prophylactoria for treatment and further education until they were completely well and ready to take care of themselves.

In the years between 1930 and 1934, the number of women in Russian industry rose from 3,311,749 to 6,414,200, which represents 33.7

per cent of the total workers in industry. Another very significant point is that between the years 1927-1932 the number of women attending higher schools of learning rose from 50,700 to 198,000; those attending technical schools from 71,500 to 272,000; while those attending universities rose from 6,800 to 117,700. At the end of 1933, 90 per cent of women were able to read and write, while as recently as 1920 only 225 women out of 1,000 were literate.\*

With the improvement in the economic situation of women and with the great improvement in educational standards, recreational facilities and social ideals, the temptation to enter a life of prostitution has constantly diminished. As this has happened, the demand for the prophylactoria has also decreased, until now only six are open, and in all probability these will soon be closed. It is of great significance to note the following figures which point out how the personnel of the prophylactoria has changed. In the beginning they housed not only prostitutes, but the border-line cases who were without employment, many women who simply needed shelter and work; but today the Moscow prophylactoria, while sheltering a much smaller group, finds that of that group 70 per cent are prostitutes, the type being that of a much more difficult and psychopathic group, physically and mentally inferior, who do not lend themselves to the type of treatment formerly prescribed. The percentage of psychopathic subjects rose from 12 per cent to 21 per cent in the two years from 1930 to 1932, and the mortality in this group doubled during the same time, while the percentage of women declared invalids rose from 2.3 per cent to 9.15 per cent. These figures throw light on the change in the type of inmates and the need of more stringent supervision. The supply of prostitutes comes now from a very different type of woman: either from the very old prostitutes whose lives cannot be reconstructed, or from the young whose early lives of vagabondage and neglect followed the war and who were injured mentally and physically so that the methods applied in the original program do not suit their present needs. Other methods will have to be devised, of a more psychiatric nature, as well as some form of permanent detention.

It is admitted that the problem of clandestine prostitution, carried on by those who supplement their earnings by irregular relations, exists as a distinct problem. They do not consider it of major importance, however, since their data show that infection from this source is not very widespread, and they think that within a short time it will be practically eliminated by further improvement in housing, education and economic standards for women.

As to the question of marriage, of the more rigid divorce laws and the restriction of abortions to those cases where there are therapeutic indications, which questions have brought about a great deal of discussion in Russia and in other countries among radicals who do not see the reasons for this sudden reversion to a conservative position, I can say that I have looked into these matters carefully, interviewed medical and lay leaders, and hope to write about it at some length. I would like to remark, however, that the laws which have stirred up

\* "La Lutte contre la Prostitution en U. R. S. S."—V. Brunner.

so much controversy are intended, I was assured, to improve the present sex standards, to strengthen the family, to encourage larger families, since limitation is no longer an economic necessity. They replace the earlier laws which were admittedly emergency measures.

The younger generation is deeply interested in having families, but I may add that I did not find any great enthusiasm for large families. There is no doubt that they are better prepared to take advantage of modern contraceptive methods that will space and regulate families. Large appropriations are being made for the manufacture of birth control devices although not a great deal is said about it.

Those of us who have worked for years in social hygiene cannot say that we are contented with our accomplishments. That we have made considerable progress no one will deny, but we must admit that fundamental issues have been met very inadequately. We have reached a point where we need more vigor, more vision, less fear and prejudice in our social hygiene activities. While we could not altogether use the methods that are being applied either in Sweden or in the U.S.S.R., where the reduction of venereal disease prevalence is most conspicuous, we could learn a good deal from them and apply it to our own economic and political systems.

The U.S.S.R. has carried on its work with prostitutes and prostitution for fourteen years; it is the only extensive and continuous experiment of its kind, and it has practically abolished commercialized vice. We, too, could formulate a plan that would materially reduce commercialized vice and venereal disease. The Security Act has already given the Federal government a chance in this direction, and under Dr. Parran's leadership the campaign has been opened. We hope that the conference of representatives from the state and municipal departments of health, and efficient private agencies will result in a distinct advance, and bring them all closer together in a more effective cooperative program.

What we need most urgently is to acknowledge that the old methods of dealing with prostitution and promiscuity have failed. We have had some very tragic experiences in the last few years, which have made clear to us the relation of unemployment, insecurity, destitution and despair to the increase of prostitution, both regular and clandestine, and with it the further spread of venereal disease.

We must stop fighting results and concentrate attention

on the fundamental causes of prostitution,—economic, educational and social. We, too, can provide homes for the sexually unadjusted; we, too, should supply them with every possibility of re-education and rehabilitation; we, too, should be able to furnish them with employment and security; and we, too, could take better care in our schools and institutions of our so-called sex delinquents and the border-line cases. Instead, we still rely on punishment and use antiquated methods to detect a small portion of the victims, spending thousands of dollars on police and courts, thus treating mere symptoms.

We are in a better position than we have ever been to carry on an effective, broad, integrated sex-social hygiene program with the cooperation of our official and non-official institutions of learning and with industry. Public opinion is receptive, and our young people are eager for this broader education which will prepare them better to meet their own sex-social problems. We should encourage earlier marriages, and restore the feeling of hope and security to our younger people. We should be able to furnish adequate, scientific birth-control information to those about to be married for the spacing and regulation of families. We should remove the Comstockian obscenity clause from our statutes and give physicians the right to deal with this problem in a dignified manner. We need more and more centers for marital and pre-marital information to help in securing a finer family life.

I returned from Russia feeling much encouraged. It has given me new hope and a greater desire to work harder than ever for progress in our field.

## A PHYSICIAN DISCUSSES THE FALSE SECURITY PROVIDED BY LICENSED PROSTITUTION

EDITOR'S NOTE: *The Temporary Union against the Regulation of Prostitution and Traffic in Women, of France, recently organized a Medical Advisory Group, under the presidency of Dr. Marcel Pinard, President of the French Society of Dermatology and Syphilology. An important meeting of this group discussed the examination and licensing of prostitutes as a preventive of syphilis and gonorrhea, and LA FRANCAISE, a newspaper for women, gave over an entire edition to a report of the addresses and discussion. The address of M. le Docteur Rist, member of the Paris Academy of Medicine, and of the staff of the Paris Hospital, was particularly forceful and definite in presenting the fallacies of regulated prostitution, and we take pleasure in reprinting an abstracted version for our readers.*

The public, in France, is curiously uninformed about licensed prostitution, and is in no way concerned about it. Yet anything can be said here. All subjects can be discussed. We have the reputation of holding forth on sexual questions with a complete liberty which, some foreigners think, borders upon cynicism. But the problem of prostitution, by some strange anomaly, remains a closed topic. Men who are very free of speech draw away from it in embarrassment. It is almost impossible to induce a responsible person, a politician, a statesman, a high official, or a judge to discuss this question seriously. He always finds some way of evading the issue.

What then are the arguments against abolishing licensed prostitution? I am not speaking here of the amusing fallacy that would have one believe that the abolitionists want to abolish prostitution entirely—prostitution which is as old as the world and which will doubtless last as long. What we want is to do away with the odious regulation which exploits the prostitute and perpetuates her downfall.

There is first the argument of order in the streets. If, they say, there is no "police des mœurs," and if the prostitute is not regulated, unprecedented horrors will result. No young girl, no honest woman could go about the city without running the gravest risks.

Yet many countries, and among them the most civilized, have abandoned regulation and have begun to consider the problem of prostitution from a wholly different angle. Every traveler with wide-open eyes can judge for himself whether or not in cities where

prostitution is no longer regulated, the streets present a very different aspect from those in cities which have remained faithful to regulation. The spectacle of ambulant prostitution in certain quarters is the same in Paris, Lyons, Bordeaux, cities where the "police des mœurs" claim that they direct and diminish trade, as in London, Copenhagen or Zurich which are non-regulated cities. My own impression, at least as a traveler, would be that from certain points of view the spectacle is even less scandalous in the towns that are not regulated. But the theorists, the agents and profiteers of regulation never miss an occasion to tell you that wherever it has been abolished, life has become unbearable.

My friend Abraham Flexner, who has written a book on prostitution in Europe which is rapidly becoming a classic and which all those who are interested in the question should have read, quotes in it the words of a high official of the Préfecture de Police de Paris: "Go and see for yourself then," he said, "what is happening in Zurich. They have abolished regulation, and today one can no longer cross the street there without witnessing scandalous things." This worthy man, I am convinced, honestly believed what he was saying, but I would be willing to bet that he has never set foot in Zurich. Still, it's not an inaccessible place. All one has to do is take an evening train from the Gare de l'Est, and the next morning he will be there. It is a strongly policed city, and very well kept up. I have been through there several times—like my friend Flexner for that matter—and I have never seen anything shocking whatsoever. It gave me the impression, rather, of a puritan town.

In reality, it is much easier for a well organized police force to keep the streets free from prostitutes in a non-regulated city. This is because they do not have to distinguish between the different classes of prostitutes. Their rôle is confined to preventing all scandal, every indecent public act, no matter who may be the perpetrator. With us, on the contrary, the "police des mœurs" deal differently, at least in principle, with the legalized prostitute on one hand and with the clandestine prostitute on the other. The former has certain rights, or to speak more precisely, enjoys administrative favors, soliciting being permitted to her at certain hours and on certain public streets. The clandestine prostitute, or one who is simply not enrolled, has no rights at all. Take this one who is walking the streets at such and such an hour at such and such a place. Is she licensed? If so, she can be left in peace. But is she working secretly? Has she failed to register with the police? Then she can be chased, arrested, locked up, and made to enroll by force. But the licensed prostitute, as well as the unlicensed one, is constantly being annoyed by the police, and there are clandestine ones, especially of the higher class, who enjoy all sorts of favors. It is an absolute and arbitrary regime.

And another thing. In Paris there are about 60,000 unlicensed prostitutes and only 6,000 at the most who are registered. Furthermore these 6,000 who are licensed form a continually changing personnel. It is rare indeed that a prostitute, after a certain time, does

not come to shun police and medical control. And yet they want to make us believe that inspection of these 6,000 licensed prostitutes and the taking out of circulation those who are diseased plays a paramount rôle in the battle against the venereal diseases, while 60,000 unlicensed ones escape all medical control! It is absurd.

They plead the rarity of infectious symptoms among the licensed women and in particular among the inhabitants of bordellos. But this rarity is only natural. Syphilis is contracted only once in a lifetime, a first attack protecting one from a second. The young prostitute almost invariably contracts syphilis at the beginning of her career. It is a disease which last for years and sometimes for life. But she is not infectious except during the initial period (called also the primary stage), and during the secondary phase which follows closely. Furthermore this secondary phase has remissions during which there are no infectious symptoms. In addition it may be of very short duration, or even not occur at all, especially with modern treatment. It is the young prostitutes, then, who present infectious symptoms. But the young prostitutes are for the most part minors, and, according to law, escape registration. A girl under eighteen years of age cannot be given a license, which ruling however, does not prevent the "police des mœurs" from sometimes enrolling girls as young as sixteen, because the outstanding characteristic of police regulation is that those who are in charge of enforcing it, willfully violate it.

But later, these women, having been contaminated at the beginning of their career, no longer present infectious symptoms. At the medical examination they are pronounced healthy. Yet they are extremely dangerous, because, though incapable of being contaminated again—syphilis, as I have said, is acquired only once—though incapable of again presenting primary and secondary symptoms, still they may be germ carriers. The spirochetes of syphilis which a visitor has deposited in such a woman cannot do her any harm; she is immunized against them. But she easily transmits them to her next visitor, who, if he has never had syphilis before, will be contaminated.

It is well known that in a licensed house the successive visitors which a single woman has are much more numerous than those whom a clandestine prostitute receives. Suppose a single infectious man early in the evening deposits the germs of syphilis in a woman; all the men whom she will receive that night may be contaminated, without the woman herself being affected.

This argument of germ carriers is the one which medical protagonists of regulation shun always, doubtless because there is no answer to it. In fact all doctors who have studied the question in good faith—and many among them were once convinced advocates of regulation—know full well that licensed houses are an important source of syphilitic and gonorrheal infection. If, as my colleague and friend, Dr. Pinard of the Cochin Hospital has recently done, one makes an investigation as to the origin of recent infections by con-

sulting masculine venereal patients, it will be found every time that a considerable proportion of these infections spring from licensed houses.

The medical examination of prostitutes, especially when it is done in the licensed houses, is usually a farce pure and simple. I won't stress the scandalous conditions under which this examination is carried on. I refer you, instead, to the eloquent pages of Abraham Flexner's book, where he describes how it is done in Paris at the *Dispensaire de Salubrité de la Préfecture de Police*.

. . . But what is the use of continuing our criticisms further? The arguments of the defence, namely, the health of the public and order in the streets, are only poor excuses, as every one knows. The real reason for the existence of arbitrary regulation is the interest that the police think they have in keeping in contact with the criminal world through the intermediary of the prostitutional world. Here they find stool pigeons, criminals themselves, who enjoy the benefits of an unbelievable tolerance as long as they inform the police of the comings and goings of other criminals. These informers are found mostly among the pimps and traffickers of women. And it is inevitable with such a system that the stool pigeons should, up to a certain point, thwart the police. Persons in charge of houses, in particular, have not been slow to realize that separated they were weak, but grouped into a syndicate, they became a power.

. . . Today these *Messieurs du Syndicat des Tenanciers de Maisons*, who are called, if I am not mistaken, the "*Syndicat Philibert*," exert a scandalous influence, because they are protected by the police.

. . . One must always keep in mind the collusion of the "*police des mœurs et de la Sureté*" with the formidable union of underworld interests which the *Syndicat Philibert* represents, if one would understand why, after so many years of struggle, we have not yet won the battle. Most certainly we have achieved local success, in Strasbourg, in Nancy for some time, in Grenoble, in Fontainebleau, and other places. Little by little, thanks to the efforts of our League, a movement, more and more energetic, is being formed in France against the licensed houses. Let us bow admiringly before the courage and perserverance of the municipalities which have eliminated regulation and replaced it by a regime much more human and also infinitely more efficacious, not only in freeing the streets of prostitutes, but also in reducing venereal infections. But let us not forget that the struggle will be long and difficult to bring to complete victory, because the enemy possesses a formidable power.

. . . All too few are those who dare to say out loud that licensed prostitution is a scandal, and that its continuance is a disgrace to our country. It is the men who make the laws and regulations, but it is the women who suffer from them.



## THE SYPHILIS CAMPAIGN IN TURKEY

ETEM VASSAF, M.D.

*Member of the Turkish Neuropsychiatric Committee*

I remember, in 1908, there was a part of Turkey near the Black Sea, Kastemony State, in which there were a great number of cases of syphilis. The Ottoman Government formed a campaign commission to fight it. This part of Turkey was called "the syphilitic part". There were first and second degrees of syphilis with perforation of the palate and nose, all kinds of syphilitic gummae, syphilitic gall pustules, and other congenital syphilis. The people in this part of the country were skilled as cooks and butchers. These people, both men and women, traveled to other parts of Turkey with their disease, and syphilis was being spread to the other states. These people were being treated secretly by "quacks" who treated them with mercurial fumigation. These people paid a great deal of money to the "quacks" for the treatment and the result was disastrous. Their teeth turned yellow and they got gingivitis of the gums from the toxic mercury, instead of being cured, for the money they spent. In 1908 the young Turks took the government in hand and the Sultan became the president of the state. These young Turks, together with the doctors, organized a health ministry for the treatment of syphilis.

Two major illnesses—syphilis and malaria—took a great many lives in the state of Anatoly. The campaign in this part of the country was not so intensive because the Ottoman Government was short of funds. Then a new Turkish Government was founded and Mustapha Kemal Ata Turk was president and he passed a law against contagious and venereal diseases. With the founding of the Republic a new attitude was taken and doctors were sent to Europe to study venereal diseases. When they returned to Turkey, the Health Ministry began its campaign against this terrible disease. In every state were opened new, special hospitals for syphilis and gonorrhea. In these hospitals, dispensary work and clinic work were done. Many young medical students, assistant

doctors, and specialists practiced in the dispensaries and clinics. In these dispensaries were all kinds of syphilitic patients: Bone syphilis; psoriatic syphilis; gall syphilis; polyneuritic and myelitic syphilis; and the new cases which we call in Turkey "smoke on." Gynecologists and pathologists diagnosed the biological and physical symptoms of congenital syphilis. Neurology was new at that time but we find many motor nerve diseases, diseases of the central nervous system, post-syphilitic disease, brain disease, and many others. Most of the Turkish people were unable to read and write because the Turkish characters were so difficult and, therefore, they could get no knowledge of syphilis. However, the new Turkish Government changed the characters and introduced the Latin letters. Many schools were opened and the people were made to learn to read and write. Thus, they were able to understand the articles written by the doctors and government.

A syphilitic person cannot get married before he has had four years' treatment and every year he must have two Wassermann tests. The government does not permit a syphilitic to work in bakeries, restaurants, barber shops, et cetera. Those who have syphilis can work in other places but they must be examined by the government doctors in the dispensaries once a month.

All of the big cities have syphilis hospitals and the staff members are mostly syphilologists. At every headquarters is a clinic and a dispensary of twelve beds. Health attendants go to the various towns to find syphilitic patients and bring them to the headquarters to be examined. If the patients do not come, the government soldiers, or police, bring them in. I was working in this service as a government physician and Director of the Sanitary Commission. Every patient is given a book in which is written the day of the examinations and the date each injection is given. The clinics also keep a similar book for each patient. The patients must come in on the exact day and if they do not come the government brings them by force. In this part of Turkey they have a special committee for the campaign against syphilis. This group of doctors, attendants, and superintendents have been placed in the syphilitic part of Turkey. In that part of Turkey, near the Black Sea and near some parts of the White Sea, in

Central Anatoly, there is a group of doctors engaged in the syphilis campaign. This committee is divided into several parts. Every doctor has several small towns in his hands. They have in these towns small dispensaries for the treatment of syphilis in the home. All the people have to be examined by these doctors and they have to submit to a Wassermann test. The central headquarters have Wassermann stations for every 20,000 people and one doctor and four to six health attendants. Both syphilitics and non-syphilitics are examined. The doctors examine the genito-urinary organs, the eyes, nose, and throat if necessary. In a very short time, the Wassermann stations are able to make an accurate diagnosis and the treatment is begun immediately, if necessary. The more contagious cases are taken to the hospitals to be treated. I know of cases in this part of Anatoly where the whole family had been infected with syphilis. Statistics show that the population of Turkey is now about 17,000,000 and there are but two or three cases of syphilis per thousand. Despite the intensity of the campaign there are still some unknown cases who do not report for examinations and treatments, and spread the disease secretly. If the patients can be treated by doctors while in the first stage, they will have no symptoms of the second and third periods. In Turkey, all school children, soldiers, workers, people about to be married, state officials and employees, and business men have to be examined. The syphilis hospitals also take gonorrhea cases. The Turkish Health Ministry has worked very hard to wipe out these diseases. They have published books, pamphlets, and newspaper articles which have been distributed to the people. We have a "Doctors' Room" in Turkey for about 2,000 doctors. This group also publishes articles and private doctors do likewise. Some of the government doctors also give lectures over the radio. We have a museum in Istanbul, which is free to the public, in which there are casts of various parts of the body, demonstrating the disease. These are transportable and are sent to various parts of the country to be shown at fairs. We also have films which are shown. Doctors give lectures in factories and the teachers lecture in schools. The Turkish people have profited greatly from this propaganda. I can say that now we very rarely see a

case of secondary syphilis. New-born babies have no contagious symptoms. If a mother has syphilis, she receives treatment during pregnancy and after birth the child also receives them.

All private doctors have to report to the government all cases of contagious diseases—malaria, syphilis, tuberculosis, meningitis, et cetera. Mid-wives also help greatly in the campaign. When a child is born they put drops of bichloride of mercury (1:2000 solution) in the eyes to prevent gonorrheal conjunctivitis. They also report all cases of syphilis and gonorrhea.

The treatment is free. It usually takes four years, and even if the blood gives a negative reaction the treatment does not stop—they have to be treated for four years. The drugs most commonly used are: Neosalvarsan, mercury salicylate, bismuth salicylate; and iodine by mouth.

When I was working on the Malarial Committee, I met many syphilitic and malarial patients. At that time shock therapy for syphilis was not used but the patients did not have very many mental defects or general paresis in this part of the country because the malaria made them immune. Malaria in Turkey performs its own shock therapy, but both malaria and syphilis are being campaigned against now.

I will add that in the treatment of gonorrhea we give trypaflavine (acraflavine) in intravenous injections. This gives a short therapy reaction and kills the germs of the gonorrhea.

It is my belief that any campaign against syphilis is international and the various methods working in one country should be stated so that they might perhaps be used in other countries.

## EDITORIALS

### WORLD PROGRESS IN SOCIAL HYGIENE

Perhaps the most interesting thing about the casual glimpses of social hygiene in various countries revealed in this number of the JOURNAL is the way they indicate, maybe as definitely as would a more thorough study, the general world-trend in this field. Among the facts which stand out as one glances through the various articles and items are: The great advance in all countries in healthy open discussion of social hygiene problems; the conviction spreading, however slowly, that the licensing of prostitution is of no use as a measure for the prevention of syphilis and gonorrhea; the lively interest shown everywhere in the results obtained by certain countries in the reduction of these diseases, and the desire of other nations to emulate this good example. In Russia, the family as an institution has emerged triumphant from a period of experimentation with less enduring folkways. In China, India, Egypt, and other widely separated peoples throughout the world, as well as among those in closer touch in Europe and the Americas, it is encouraging to note two things: First, the increasing acceptance of social hygiene principles and objectives as a part of life, and second, the growing tendency to work out, with due allowance for national characteristics, a general standard of procedure for attaining these objectives.

This, we affirm, in spite of slip-backs and discouragements, is progress to a degree not dreamed of twenty years ago, and should furnish for all of us impetus for a strong and steady forward drive.

### OUR FAMILY CIRCLE REACHES ROUND THE GLOBE

The international flavour of this number of the JOURNAL came about more or less by accident, but it is a fact that the editors have long cherished a plan to publish a real world-picture of social hygiene. Limited space and pressure of

other important material have so far prevented, but we still hope some day to do it. Perhaps in 1939, when the International Health Congress proposed in connection with the New York World's Fair should provide a central theme (see p. 220). Meanwhile, we shall continue to share with our readers, whenever possible, the many stimulating and interesting communications received in the national office from all parts of the globe, and shall be grateful as always to our friends and correspondents who keep us so pleasantly in touch with events in their corners of the world.

Will our three hundred and more members in other countries write us often?

## NEWS AND ABSTRACTS

**The Thirteenth Annual Child Health Day.**— *Health Protection for Every Child* is the slogan for this year's National Child Health Day, which has been designated by Congress and proclaimed by President Roosevelt to be celebrated on May Day as usual. Over 3,000 gala May Day Child Health parties are scheduled throughout America for this occasion. Broadway, Hollywood and Park Avenue join hands to entertain at "America's Largest Party," when master broadcasts over the coast to coast net-work of the Columbia Broadcasting System will bring the program simultaneously to the rest of the nation, gathered at local luncheons and meetings.

The program this year is under the chief auspices of the United States Children's Bureau and the Child Welfare League of America, with which numerous national and state agencies, both voluntary and official, are cooperating.

Writing of the year's work, the Bureau says:

During the past 15 months the expansion of State and local resources for maternal and child health, made possible through the cooperation of the Federal Government with the States under the social-security program, has brought health services within reach of many mothers and children who otherwise would have been deprived of the protection needed, and has greatly stimulated public appreciation of the essentials of an adequate health program. Every State in the Union, as well as the District of Columbia, Alaska, and Hawaii, are now enlisted in a cooperative Federal and State effort to improve and extend maternal and child-health services under plans developed in accordance with the provisions of title V, part 1 of the Social Security Act. In addition, 42 States, Alaska, Hawaii, and the District of Columbia are providing services for crippled children under part 2 of the same title. Closely related to these medical and health services are the social services for children in rural areas made possible under the third part of this title of the Social Security Act, for the administration of which the Children's Bureau is responsible. Forty-two States and the District of Columbia are cooperating in this rural child-welfare program.

When we stop to think of what these services may mean in the future, on the basis of the foundations which have already been laid, we can derive great encouragement from the reports of activities carried on during the initial period

of organization. May Day—Child-Health Day 1937 will be significant for the babies who will be born during the coming year, for their mothers, and for their older brothers and sisters if citizens in every community resolve to take continuing responsibility for health protection in cooperation with public officials and professional groups.

As its share in this occasion the American Social Hygiene Association pledges itself anew to the campaign against congenital syphilis, and invites the help of all who have the health and welfare of children at heart.

**Mother's Day for Safe Motherhood.**—Another annual May festival falls this year on Sunday, May 9, which has been set aside for Mother's Day. As for the past several years, the Maternity Center Association will capitalize public interest in this event to advance the campaign against maternal mortality. Asking the cooperation of social hygiene agencies, this organization says:

There were 15,000 deaths of mothers in childbirth in the United States in 1934 (latest available figures); 30,000 infants under one day old; and 40,000 from one day to one month old—a total of 85,000 lives sacrificed on the altar of motherhood! The by-products of motherless families are found in nearly all of our social problems—in crime, delinquency, disease, domestic strife—and found, too, in those children who are deprived of a mother's love and influence and robbed of that indefinable something which tends to bring out their highest and best qualities.

Yet it has been found by careful study that possibly more than half of all the mothers who die in childbirth in the United States could be saved by the provision of good care from the beginning of pregnancy until six weeks after the baby is born.

### *What Is Good Care?*

The Maternity Center Association of New York outlines the following eight points as comprising the care which every mother should have:

1. A complete examination by a competent doctor early in pregnancy.
2. A dental examination early in pregnancy and the care that is needed.
3. Medical and nursing supervision, care and instruction throughout pregnancy.
4. Attention to any problem that may affect the health of the baby or mother or may disturb her peace of mind.
5. An aseptic delivery under the supervision of a competent doctor with skilled assistance.
6. Medical and nursing supervision, care and instruction after delivery until the mother is able to resume her usual activities and to carry the additional responsibility of a new baby.
7. Postpartum examinations one, two and three months after delivery with follow-up treatment if indicated.
8. Arrangements for the health supervision of the baby and for the further care of the mother when she needs it.

### *Why Aren't Mothers Receiving This Good Care?*

*First*, because of ignorance. They don't know that they should have it. *Second*, because it is not available in their community. *Third*, because of negligence. They know that they should have it, but they do not secure it until it is too late. *Fourth*, because they may not have the money to pay for it, and they hesitate to seek it on a charity basis.

### *What Needs to Be Done?*

(1) A demand for good care must be created. (2) Good maternity care must be made available in every community for every mother regardless of her ability to pay.

We must have healthy mothers, healthy fathers and healthy babies. The responsibility rests in the individual parents as well as in the community. The former must be impressed with the responsibilities of marriage and parenthood—one cannot be separated from the other. The mere avoidance of pregnancy does not necessarily lead to happiness and prosperity. On the other hand, if parents accept the responsibility, they must be assured of competent doctors, nurses and hospitals. These professional services are the responsibility of the community.

**International Health Congress Scheduled During New York World's Fair in 1939.**—Plans are being made for the holding of an International Health Congress during the New York World's Fair in 1939, it has been announced by Dr. Donald B. Armstrong, President of the National Health Council. Advantage will be taken of the fact that hundreds of noted medical specialists and public health authorities, representing many countries, will be visiting New York City at the time of the World's Fair. American and foreign specialists will be asked to deliver addresses on subjects of interest not only to professional groups, but to the general public as well.

The last Health Congress such as the one scheduled for 1939 was held at Atlantic City in 1926. Plans for the 1939 sessions are being perfected by the National Health Council in collaboration with the World's Fair Advisory Committee on Medicine and Public Health, which is headed by Dr. Louis I. Dublin. The program will be related, as much as possible, to the exhibits on medicine and public health that will be on display at the World's Fair; and it is hoped that a permanent American Museum of Hygiene similar to the German Hygiene Museum in Dresden will be established in New York subsequently.

### **"Sinful" Is Not an American Social Hygiene Association Film.**

Members and friends in various parts of the country, particularly in the Middle West, have written in to inquire if *Sinful*, a motion picture film now being shown in commercial theaters together with several reels of so-called medical education film, is a production of this Association. We take this opportunity to say that this is not the case. We have no direct knowledge of this film, but from newspaper accounts and correspondence with both official and voluntary agencies understand that it is distributed by the "National Social Hygiene



League," and in some communities, at least, has been accompanied by a lecture given by William H. Getz. The name of the National Social Hygiene League does not appear in any of the lists of health and welfare agencies to which we have access.

Aside from its seven motion picture films now in circulation,\* which the Association produced and owns, we have no affiliation at present with any film production except the drama *Damaged Lives*, distributed by the Weldon Pictures Corporation, and the talking-slide-film *For All Our Sakes*, distributed by the Marley R. Sherris Associates. Both of these productions are well known among official and voluntary health agencies throughout the country.

**Meetings and Conferences: Local, State, National and International Events of Interest to Social Hygiene Workers.**—One way in which the great accession of public interest in social hygiene shows its influence is through the large number of meetings and conferences of general health and educational agencies which are devoting time and thought to the subject this Spring. Among recent and coming events in which the Association is cooperating in one way or another, are the following:

**State and Local Meetings:**

- April 28      Springfield, Massachusetts. *Annual Meeting of the Hampden County Tuberculosis and Health Association.* Dr. William F. Snow was a principal speaker.
- May 11-13    New York City. *Annual Meeting, New York State Conference of State, County and City Committees on Tuberculosis and Public Health of the State Charities Aid Association.* Hotel Roosevelt. Dr. Snow will preside at one of the sessions, and Miss Pinney will be a speaker.
- May 18      New Brunswick, New Jersey. *All-day Conference on Early Objectives in Venereal Disease Control*, arranged by the State Department of Health, New Jersey Sanitary and Health Association, Medical Society of New Jersey, New Jersey Health Officers' Association, Rutgers University, New Jersey May Day Committee and sponsored by 15 other statewide organizations. Dr. Snow will act as a discussion leader, and Dr. Clarke will be a speaker. The film *Damaged Lives* will be shown.

**National Meetings and Conferences:**

- May 3-7      *Annual Convention, National Congress of Parents and Teachers.* Richmond, Virginia. Theme: *The Place of the Home in the Community.* Surgeon General Thomas Parran, Chairman of the Association's General Advisory Committee, will be a speaker at a special session on health, Tuesday, May 4th, and Dr. Snow will lead a Round Table discussion in behalf of the Congress' Social Hygiene Committee.
- May 7-8      *Twentieth Annual Meeting of the American Council on Education,* Washington, D. C.

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\* *Science and Modern Medicine* (talking film), *The Gift of Life*, *Modern Diagnosis and Treatment of Syphilis*, *Gonorrhea in the Male*, *Darkfield Diagnosis of Primary Syphilis*, *Venereal Diseases*, and *Social Hygiene for Women*. For synopsis and details of purchase or rental, ask for free folder *Social Hygiene Motion Pictures*, Pub. 980, also leaflet describing *For All Our Sakes*.

- May 10-11 *Fourth National Conference on the Community Organization of Parent Education*, sponsored by the National Council of Parent Education, Washington, D. C. Mr. Ray H. Everett, Executive Secretary of the Social Hygiene Society of the District of Columbia, has been invited to represent the Association.
- May 17-21 *Twenty-second National Recreation Congress*, Atlantic City, New Jersey. Auspices of the National Recreation Association.
- May 23-29 *Sixty-fourth Annual Meeting of the National Conference of Social Work and Associate Groups*. Indianapolis, Indiana. As an Associate Group, the Association will maintain an exhibit and consultation booth and participate in various sessions relating to social hygiene.
- June 7-11 *Annual Meeting of the American Medical Association*, Atlantic City, New Jersey. The American Social Hygiene Association will sponsor an exhibit on *Gonorrhea: Its Present Status*. Dr. Clarke will be a speaker.
- June 8 *Third Annual Meeting, American Neisserian Medical Society*, Hotel Senator, Atlantic City. Dr. Snow will present a report for the Sociological Committee.
- October 5-8 *Sixty-sixth Annual Meeting of the American Public Health Association*. Plans for cooperation in process.

#### International Meetings:

- May 20-22 *Congress of the International Abolitionist Federation*. Paris. The bill recently introduced into the French Senate by the Minister of Public Health, M. Henri Sellier, concerning measures to be taken against venereal diseases and prostitution, is expected to result in repercussions in other countries which necessitate thoughtful consideration of the whole problem.
- May 25-28 *Congress of the International Bureau for the Suppression of Traffic in Women and Children*. Paris.
- July 5-9 *Eighth Imperial Social Hygiene Congress*. Auspices of the British Social Hygiene Council. Caxton Hall, Westminster, London. For further details, address Mrs. C. Neville Rolfe, Secretary-General, Carteret House, Carteret Street, London, S. W. 1.

**The Commission on the Brussels Agreement Makes Recommendations for Improvement in Treatment of Seamen.** International Health Office. April-May, 1935. Mimeographed copy.

A committee appointed to study the Brussels agreement \* reported that the treatment of seamen under this agreement is generally too irregular to be effective unless the man can remain for long periods on shore as he generally cannot. Generally the merchant seaman remains on shore until the visible lesions have disappeared and then forced by the need of money, reembarks. He then has to go to different ports to be treated and the intervals between these treat-

\* An International Agreement respecting facilities to be given to merchant seamen for the treatment of venereal disease, signed at Brussels, Belgium, December 1, 1924. Sixteen countries have definitely ratified the Agreement, and twenty-four have adhered, but have not yet ratified. Certain other countries which have not yet adhered conform, more or less, to the terms of the Agreement. The immigration laws of the United States, which forbid citizens of other countries to enter if suffering from an infectious disease, prevent ratification, though cooperation is offered so far as possible.

ments are often such that treatment is too irregular to be effective. Moreover there are often as many different treatments as there are ports. Each of these treatments might be excellent if carried out consistently but the sailor only gets samples, so to speak, of each one, and good results cannot be expected in this way.

Many physicians, seeing the bad effects of this method, have asked for a definite plan of treatment. Ideally if such a plan could be established it would not make any difference at what port a seaman called for treatment. But attempts to standardize treatment have led to the objection that that would be interfering with the initiative of the physician in the practice of his profession. The physician is not, however, to be held absolutely to such a plan but will of course be allowed to use his judgment in regard to intolerance or other contraindications. It is only proposed that the International Health Office suggest the types of treatment to be recommended under the circumstances and that the physician choose the type he thinks best adapted to the special case.

The physician at the later clinic to which the patient comes, unless there are special contraindications, should continue the treatment that has been begun. When he reaches the end of a series of treatments the patient should be given careful verbal and written instructions as to the date on which he should come for the next treatment or examination of blood.

After a careful consideration of the question the Permanent Committee of the International Health Office recommended two types of treatment, the intermittent and the alternating continuous, marked I and II.

The seaman should inform the physician of the clinic he is attending of the probable date of his next embarkation and tell him whether or not there is to be a physician on board. When the patient can go to a clinic once a week or when there is a physician on board who can give him injections of arsenic, mercury or bismuth there is no difficulty in adopting one or the other of the two above-mentioned treatments. The physician at the first clinic to which the seaman goes will mark in the patient's notebook the type of treatment chosen so that it can easily be read by the next physician. At each visit he will note the drugs and doses used. When the seaman leaves he will instruct him when he should appear in another port for treatment and write these instructions in his notebook. If the intervals between the visits to the clinics are more than a week and the injections of arsenic, bismuth and mercury cannot be given on board, the situation is more difficult but it should be possible to work out schemes applicable to the different circumstances. Suppose for example that the physician at the first center decides on treatment I. The patient goes to this clinic for three weeks during which he is given a part of this treatment, consisting of 0.6 to 0.75 gm. 914 or 0.4 to 0.5 gm. 606 and 0.2 to 0.24 gm. bismuth each week. As the patient's time for treatment on land is so brief, the physician will doubtless feel disposed to give the maximum doses. Then as the patient is obliged to go to sea for three weeks the physician will out-

line a plan of treatment to keep him impregnated with the drugs till the end of the 6th week. If the ship has a physician who can give injections of bismuth but not of arsenobenzene he may prescribe injections of bismuth and possibly a pentavalent arsenic preparation by mouth. If the ship has no physician on board mercury may be given by mouth and perhaps also a pentavalent arsenic. If the physician at the clinic does not know whether injections can be given on board or not he will prescribe as if they could not but will tell the patient to show his notebook to the physician on board if there is one. Whatever the treatment adopted for the interval on board it is important that it be clearly indicated on the patient's notebook and that he be given the necessary drugs if there is no physician on board.

At the beginning of the seventh week the patient will go to another clinic on shore where the physician will follow the same principles as the physician of the first clinic. He will give the injections for the 7th and 8th weeks and prescribe a treatment with bismuth or mercury or pentavalent arsenic for the next voyage. If this is to be for three weeks the physician at the third center will give the final injections for the first series and in fixing the date for the beginning of the second series will take into account the long intervals between the injections of arsenobenzene beginning with the 4th week.

With cooperation between the physicians of the different centers it is hoped that the treatment of sailors will be more effective than it has been before.

The Committee also proposed to transmit to the different governments, along with the proposed schemes for treatment, the following recommendations.

1. The Consuls in the different ports should be instructed by the local health administration in regard to the provisions of the Brussels Agreement and the addresses of the treatment centers together with the hours they are open. They should also be told that the free hospitalization provided for by Article 2 of the agreement only applies to seamen for whom hospitalization is an essential part of the treatment. When hospitalization is no longer necessary he will only receive free drugs and medical treatment.

2. The health services of the ports should see that the directors of sailors homes and institutes know about the facilities for treatment offered to sailors under the Brussels Agreement and the addresses and hours when the clinics are open.

3. The treatment centers should if possible have afternoon and evening hours.

The Committee decided that it was premature to extend the provisions of the Brussels Agreement to inguinal lymphogranuloma.

**Social Hygiene in Honolulu.**—*Public Health in Hawaii* is the title of the recently published report on the new survey of public health activities made by Professor Ira V. Hiscock of Yale University School of Medicine, but quite understandably the survey and report concern themselves especially with the health of Honolulu. The purpose of this project, undertaken with the cooperation of the American Public Health Association's Committee on Administrative Practice, and under the auspices of the Chambers of Commerce of Honolulu, Kauai,

Maui and Hilo, was to evaluate progress since the previous health survey in 1929. A general advisory committee, with Frank E. Midkiff of the Hawaii Community Association as chairman, and special committees on tuberculosis, venereal diseases and public health nursing, assisted in the study.

Progress since the previous health survey is suggested by the fact that health services in Honolulu, measured according to standards developed in the Appraisal Form for City Health Work, scored 76 per cent in 1934 as against 56 per cent in 1928. Of the 105 recommendations for improvement in health services made in the original survey report, 68 or two-thirds were found to have been fully carried out, 17 partially realized, leaving 20 not met, or in some instances no longer practical. "This," says Professor Hiscock, "is a remarkable record of achievement, probably unsurpassed in health survey history."

As regards social hygiene, the report has the following to say:

"Considerable improvement has been made in the venereal disease control services in Honolulu since 1928, although there seems to be much yet to be done. These diseases are not reported and only very limited information is available regarding incidence. Deaths actually attributed to syphilis, especially among certain race groups, are high. When a full-time director of the communicable disease bureau for the Board of Health is secured, increased consideration may well be given to the stimulus of reporting cases of syphilis and gonorrhea and to increased control measures.

The military authorities deserve enormous credit for the progress made in the reduction of venereal disease rate among troops<sup>1</sup> and for cooperation with the local police and health officials in the control of prostitutes. It should be pointed out, however, that clandestine prostitution remains a problem of importance which needs continuous study and efforts to secure reduction. Further analysis of the incidence and of the results of syphilis as a public health problem seems indicated. Legal provision is necessary to secure treatment of delinquent cases in the infectious stage of diseases, and to secure action among parents or guardians who neglect to bring infected minors for regular treatment. Increased nursing service for families where venereal disease is a problem is also needed, besides additional clerical assistance and minor laboratory equipment at the Palama Clinic. The brief experience with the educational program in social hygiene should be carefully studied from several different angles with a view to future program planning in this field.

The last sentence relates to the program of sex education and popular instruction carried on by the Social Hygiene Association of Hawaii, which was organized in 1935, following experimental work as a committee of Palama Settlement.

<sup>1</sup> The admission rate for the Hawaiian Department of the U. S. Army was 15 per 1,000 in 1934 as contrasted with 27 in continental United States and high rates in other departments. The admission rate for the U. S. Navy was likewise lower for this area than for the Navy experience of the country as a whole. The rate for gonorrhea was over four times that for syphilis for both the Army and Navy forces.

## NEWS FROM OTHER COUNTRIES

**Argentina.—A Campaign for the Prevention of Venereal Disease.**—According to newspaper reports recently received in this country, new measures aimed at the reduction of syphilis and gonorrhea in Argentina are now under consideration by the Argentinian Congress, in session at Buenos Aires.

One of the bills now under congressional consideration will oblige all intending brides as well as bridegrooms to present health certificates at the registry office when they go to be married. If the certificate shows one or the other of the parties is suffering from any social disease, the registrar will be required by law to refuse to grant a license.

The other bill will totally outlaw prostitution. "The oldest profession in the world" has been practiced hitherto throughout Argentina under government and municipal license, the licensees having been obliged to present themselves twice weekly for medical examination. From the day the new law comes into force, prostitution will become a punishable offense, the proposed punishments being differing terms of imprisonment, with penal servitude at Ushuaia (Argentina's Devils' Island) for panders.

**China—Syphilis in China.** Gustave Martin. *Archives de l'Institute prophylactique*, Paris. Jan.-Mar. 1936, 8:39.

The author calls attention to the enormous prevalence of syphilis in China due to the extreme poverty of great masses of the people and their ignorance of the most elementary rules of personal hygiene. They have no conception of the nature of venereal disease and no precautions are taken against its spread. The chief need is an active campaign of public education. This is difficult because of the ignorance and prejudice of the people. The unsettled economic and military conditions at present still further encourage the spread of the disease and make efforts at its control even harder than before. Polyclinics and centers of treatment should be established all over the country and the people shown the value of the treatment. When the women learn that the enormous numbers of abortions and stillbirths can be prevented they will doubtless insist on treatment.

There is a modern China which speaks English and wants to adopt European customs but it is very small in comparison with the old Mandarin China which clings tenaciously to old customs. The battle is on between the old and the new. It will take a long time to change the Chinese mentality and get them to adopt hygienic and prophylactic measures but the aid to be gained justifies any expenditures of time, money and effort.

**China.—Gonococcal ophthalmia.** An epidemiological study. C. J. Wu, C. H. Teng, and C. C. Wen. *Chinese Medical Journal*, Peiping. Jan. 1936, 50:59.

This is a report of an epidemic of gonococcal ophthalmia which occurred in a municipal home for the poor in Peiping. Sixty of the 274 inmates were affected. The source of infection was thought to be two cases of acute gonorrhea. The infection was undoubtedly spread by means of common wash basins and towels. Ten of the patients lost both eyes, 11 one eye, and the rest were cured as the result of treatment.

**Egypt.—Effects of the Depression on Prostitution in Egypt.** *Prophylaxis antivénérien*, Paris. Feb. 1936, 8:168.

The chief effect of the depression on prostitution in Egypt has been an enormous increase in the amount of clandestine prostitution. Prices have decreased by half. The number of registered prostitutes in the segregated zone has decreased as the women have found that they can earn more as clandestine prostitutes than in the legalized zone. Many women employed in occupations that do not pay very well have been compelled to supplement their earnings by prostitution. There has been no increase of solicitation in the streets and no special influx of prostitutes from the provinces into Cairo.

**England.—The State of the Public Health as Regards Venereal Diseases.** Annual Report of the Chief Medical Officer of the Ministry of Health, 1935. London, His Majesty's Stationery Office, 1936.

At the close of 1935 there were 185 venereal diseases treatment centers in England and Wales. Returns from these centers continue to show a decline in the number of admissions. Nothing has occurred to change the view expressed in previous reports that the annual returns of the centers afford reliable evidence of the incidence of fresh infections of syphilis in England.

Cases of syphilis in all stages dealt with for the first time at any clinic were 18,883 in 1930 and 14,161 in 1935. The number of first admissions for syphilis of less than one year's duration fell from 9,104 in 1931 (the first year in which these figures were collected) to 5,971 in 1935, a reduction of more than 34 per cent. The rates per 10,000 of population were 2.28 and 1.47 respectively.

The number of cases of congenital syphilis dealt with at the centers since 1930 has decreased steadily in all age groups except that of 15 years and over. It seems unlikely that this decrease is due to more cases eluding discovery because there has been a steady improvement in the cooperation of other services with the Venereal Disease Service in the detection and treatment of congenital syphilis. On the other hand, the cooperation in the detection and treatment of syphilis in pregnant women may have been responsible for the prevention of many cases of congenital syphilis. Other factors in the decline may be the reduction in the incidence of acquired syphilis, and also greater care on the part of the infected to undergo adequate tests of cure before marrying. The rate of deaths of infants certified as due to syphilis was 0.29 per 1,000 live births in 1935, or one-seventh the rate in 1917.

It is impossible to say what, if any, effect the Venereal Disease Scheme has had in reducing the wastage from the effects of syphilis. The exact amount of damage caused by syphilis cannot be assessed, because in certificates of death from diseases of organs which are very probably due to this disease the fact of the infection is not disclosed, and in the deaths from disease of a given organ the proportion due to syphilis can only be guessed. In discussing changes in incidence of the late effects of syphilis the field is limited to three diseases, general paralysis and tabes dorsalis which are always due to syphilis, and aneurysm which is caused by it in a very high proportion of cases. Even the effect on the incidence of these three diseases cannot be answered at all accurately. Deaths from general paralysis are no longer an index of the incidence of this disease since it has now become curable by malaria therapy and other forms of treatment; much the same qualification applies to admissions to hospitals. The mortality from tabes dorsalis is not a good index of incidence because, apart from the fact that this disease tends to become arrested, the extent of the influence of modern methods of treatment applied after it has become manifest is unknown. Deaths from aneurysm provide the best index, but even here there is a complicating factor in the great increase in the cases acquired during the period 1914-1920.

Figures for general paralysis show generally great reductions both in admissions to institutions and in certifications of deaths. The greater part of these declines occurred between 1914 and 1920. (Admissions of first-attack cases—males 1,267 to 976, females 184 to 154; deaths—males 1,461 to 1,074, females 319 to 198.) It is difficult to believe that the institution of the Venereal Disease Scheme in 1916 could have been responsible for the decline in deaths from general paralysis so soon afterwards since this effect of syphilis does not usually show itself for more than 10 years after the infection, and hardly any of those who developed general paralysis between 1914 and 1920 could have been treated by modern methods. From 1920 to 1934 the figures for admissions to institutions show a decided increase in females and a decided decrease in males. (First-attack cases—males 976 to 767, females 154 to 249.) If direct admissions were a reliable index of incidence it might be argued that the difference is due to the greater likelihood of men being treated in the earlier stages of syphilis because in women it is very common for syphilis to go undetected and untreated for many years. It is not known, however, how far admissions represent incidence since a considerable number of deaths occur outside institutions. The difference in the deaths between 1920 and 1934 (males 1074 and 554, females 198 to 169) might be due to the more efficient treatment of syphilis in men than in women, but another explanation is earlier treatment of general paralysis. Since 1927, from 600 to 700 patients in institutions have been inoculated with malaria each year, and approximately a quarter of them have been discharged as improved. Deaths from tabes dorsalis have shown no very striking changes in numbers since 1920. Deaths from aneurysm show an increase (males



787 to 982, females 205 to 459), but rates for males in the age period 30 to 60, when this effect of syphilis most commonly manifests itself, show some fairly substantial decreases.

The cases of gonorrhea dealt with for the first time in 1935 (males 27,506, females 7,732) were fewer than for the two previous years. The trend in gonorrhea, however, has not been as steadily downward as in syphilis, but has fluctuated from year to year.

The number of serum tests performed for syphilis, both the Wassermann and other methods, has continued to increase. The number of complement fixation tests for gonorrhea done in 1935 was almost double the number done in 1932; the test is now being performed in 44 approved laboratories. Comparisons of the different methods of the Wassermann test employed in approved laboratories with the No. 1 method of the Medical Research Council as modified by Wyler have been continued. The procedure employed in testing a method is to send, in weekly lots, a series of 200 specimens of serum obtained from the treatment center at St. Thomas's Hospital. Simultaneously, the same sera are tested by Dr. Wyler, using the No. 1 method. The results are sent to the Ministry of Health, and until they have been received, the clinical data are withheld from both testers. When the 200 specimens have been tested, both sets of results, together with the clinical data and a summary, are sent to both laboratories. This method of comparing their methods with one of proved reliability on series of unknown sera has generally been welcomed by the pathologists, and the results have at different times led to considerable improvement in the individual methods.

**France.—Venereal Disease Reforms in Prospect:** Paris correspondent. *British Medical Journal*, London. December 12, 1936. 2:1222.

In France and her colonies there are supposed to be about 1,200 licensed brothels. Of late there has been alarm in these establishments because of an apparently well-founded rumor that the new and enterprising Minister of Health, M. Henri Sellier, proposes soon to introduce summary legislation with regard to them. Intelligent anticipations of his reforms, which may come over-night, suggest that he may make the transmission of venereal disease a criminal offence. Compulsory treatment of venereal disease free of charge is also expected to be a feature of his legislation. There is a prospect, too, of organized warfare on innumerable camp-followers of prostitution, from the whispering shadow who appears suddenly from nowhere and offers obscene pictures for sale, to the proprietor of hotels letting out bedrooms for about an hour at a time. The capital invested in the brothel traffic must surely approach astronomical figures, and M. Sellier's prospective attack on this vested interest will earn him the vituperative animosity of thousands of electors. A recent defense of the licensed brothel in the French medical press made strange reading.\*

\* For an opposite position among French medical men, see p. 209.

**France.—Abolitionist Medical Group in the Temporary Union Against Registered Prostitution and the Traffic in Women.** Marcel Pinard. *Prophylaxis antivénérien*, Paris. Mar. 1936, 8:121.

The author has accepted the presidency of a medical group in the Temporary Union against registered prostitution and the traffic in women. The object of the Union is the suppression of legalized or tolerated prostitution. Its first purpose is to bring about the suppression of houses of prostitution and the registration of prostitutes as arbitrary and illegal measures which encourage the traffic in women and by favoring pandering lead to corruption in all classes of society, a corruption which has become one of the greatest of social evils. When this first reform has been brought about the Union in agreement with the League of Nations and the International Union against the Venereal Peril proposes to undertake various reforms. 1. Suppression of police control of prostitution. Forbidding solicitation on the streets by either sex. 2. Severe punishment of pandering in all its forms. 3. Development of free state treatment for venereal diseases for both sexes with due consideration for secrecy. Social workers under the direction of venereal specialists will look after the work of prophylaxis and detection of sources of infection. 4. Organization of work for the rehabilitation of women. 5. Education of public opinion by all possible forms of propaganda. (See p. 209.)

**France.—Examination of School Pupils for Syphilis.** Edouard Neuber. *Prophylaxis antivénérien*, Paris. Feb. 1936, 8:177.

For the year 1931-32 the first grade pupils of the schools of Debreceen were examined for venereal disease as well as for other infectious diseases such as tuberculosis, trachoma, intestinal worms, scabies and other skin parasites. The teeth were also examined, anthropometric measurements and roentgen examinations were made, and investigation of the living conditions made. If there were any signs of syphilis the parents were also examined. The author thinks routine examinations of pregnant women, nursing infants and young children should be made for the prevention of syphilis.

Among the 1616 first grade children examined he found 36 or 2.2 per cent who were definitely syphilitic. The figures for the previous year had been 1.99 per cent. There were 43 pupils or 2.6 per cent who were considered probably syphilitic on the basis of certain stigmata, a history of syphilis in the parents and a slightly positive Wassermann reaction.

Gonorrhea was found in 0.55 per cent of the 538 little girls examined for it.

**France.—Some Venereal Disease Statistics.** Paris correspondent. *Lancet*, London. Apr. 25, 1936, 1:970.

The Union des Caisses d'Assurances Sociales of Paris has recently issued a study of the incidence of, and campaign against, venereal disease in France. It appears that as many as 20 per cent of men suffering from syphilis are aged 30-40, and only 5 per cent, aged 50-55; in other words, syphilis is preeminently a disease of the best working age. The same authority estimates that 10 per cent of all cases of invalidism can be traced to syphilis. Still more arresting are

the figures quoted by Dr. Cavaillon and Dr. DuFour in an appendix to this study. They calculate that, every year in France, syphilis causes 20,000 deaths between the sixth month of intra-uterine life and the third month of infancy. It prevents the birth of 40,000 infants every year, causes 80,000 deaths, and costs 140,000 human lives, even when no account is taken of the degenerate, the blind, the deaf-mutes, the paralytic, the ataxic, etc. In 1916 a veritable epidemic of syphilis was source of grave concern to the French public health authorities. Since then, the defensive reaction has been so effective that, at the beginning of 1936, the country was equipped with 1821 venereal disease services, not including the services attached to hospitals and certain dispensaries. Thanks to the activities of these centres, neurosyphilis has been reduced to such an extent that tabes is ten times less common than it was before the war.

**France.—Syphilitic Mortinatality.** *Prophylaxis antivénérien*, Paris. Aug. 1936, 8: 413.

In 1922 Sicard de Plauzoles estimated that the syphilitic mortinatality in France was 63:1000, 42 being abortions and 21 stillbirths. The official mortinatality, which is much lower than the actual figures because only the declared stillbirths are registered, was 48.9 per thousand and in 1931 it was 37 per thousand, half of them due to syphilis. This decrease is probably due to the more frequent treatment of the syphilitic mother during pregnancy.

Girard and Risterucci in a work on mortinatality in Toulon published in 1936 show that when the mother is not treated the mortinatality is 61.6 per cent but when she is treated it falls to as low as 14.1 per thousand. These were figures collected from 1925 to 1935. It is evident that in preventing stillbirths and keeping infants alive the birth rate is increased. The problem is to improve the health of parents and prevent the transmission of disease. The chief part in this task must be played by a well organized and well developed social medicine.

**France.—Thirty-two cases of syphilis contracted in two months in the same house.** Marcel Pinard. *Prophylaxis antivénérien*, Paris. Mar. 1936, 8:130.

In October and November 1935, thirty-two patients with syphilis were examined who had contracted the disease in the same house. This is not a criticism of the medical service as these contaminations came from chancres of the cervix, small and very hard to detect. A case is described in which a woman had just passed a medical examination. A very small ulcer of the cervix the size of a pinhead was found and she was assured that it was harmless. But she came to the author for a second examination as she herself feared syphilis. The lesion was very small and looked like a simple ulcer but to make very sure the author made a darkfield examination and found it full of spirochetes. At present he has a woman under his care in whom the manifestations of primary syphilis are a syphiloid inguinal gland and positive serology. The most careful examination did not show any primary ulcer. She said she had a slight excoriation which only lasted a day or two and had left no traces.

It is almost impossible to detect these small and transitory chancres and the patients who have them may cause an enormous number of infections as they sometimes see as many as 30 to 50 men in a day. They also sometimes stay only a few days at one house before moving to another. So that the task of keeping the houses free of disease is an impossible one and the feeling of security based on registration and medical examination of prostitutes is an entirely false one.

**Germany.—Statistical Study of the Frequency of Syphilis in Autopsy Material.** Helmuth Weckel. *Klinische Wochenschrift*, Berlin. Jan. 25, 1936, 15: 121.

The author gives statistics in regard to the syphilitic lesions found in the autopsy material of the Pathological Institute of Düsseldorf from Oct. 1907 to the end of 1933. The object was to determine the whole number of cases of syphilis and their distribution in the different organs, to study differences in the occurrence of syphilis in different years and make a comparison with statistics from different places and to see whether there had been any decided changes in the form of syphilis within this period.

Tables are given showing the details of the results and a comparison made with statistics of other authors from other regions. Only cases were counted in which the lesions were definitely those of syphilis. Merely suspicious lesions were excluded.

Among the 20,040 autopsies there were syphilitic findings in 1,203, or 6 per cent. This includes both acquired late syphilis and congenital syphilis. Primary and secondary syphilis are of no importance in autopsy findings. There were 1.8 times as many men as women affected with syphilis.

Disease of the aorta was by far the most frequent finding. Involvement of the central system was considerably less frequent. The next most frequent localization was the liver.

In 376 of the 1,203 cases the syphilis was congenital. During the last years of the war and up to about 1925 there were an unusually large number of cases of congenital syphilis. After that they decreased.

For purposes of comparison the cases are divided into groups, the first group including the 8 years from 1907 to 1915, the second the years from 1916 to 1925 and the third the 8 years from 1926 to 1933. Syphilis for the past 8 years has apparently been as frequent as it was before the war. There has been no increase in tertiary syphilis over the presalvarsan era which is in contrast with the statistics reported from many other regions.

The proportion of nerve syphilis has not changed materially but there has been a distinct increase in syphilis of the aorta. Apparently salvarsan treatment has not decreased involvement of the cardiovascular system.

Energetic treatment of early syphilis however has without doubt decreased the possibilities of infection and in the long run that is the best method of preventing syphilis of the aorta and nervous system.

**India.—Venereal Diseases and Public Health Measures.** "A moderately healthful year" is the summary of health conditions in India

in 1934—the latest year for which all-India statistics are available—as reported by the Public Health Commissioner for the Indian Government through R. Shiva Rao, foreign correspondent for the *Baltimore Morning Sun* (See issue of March 19, 1937.) Regarding venereal diseases, the report states:

Syphilis and gonorrhea are among India's scourges. In Sir John Megaw's estimate, there were 13,000,000 cases in 1933. There is little doubt that sex disparity in the industrial areas (in many centers it is two men to a woman) has a great deal to do with its spread, for a large number of the workers cannot afford to bring their wives and families into the thickly congested cities. But, like tuberculosis, it is spreading to the villages and the latest report of the surgeon general of Madras says that in the rural areas "the incidence among the poorer classes is probably over fifty per cent, and in some places more."

A Central Advisory Board on Public Health has just been constituted, so that the provincial governments may consider public health problems in cooperation with the Center. The new governments which will come into existence in the provinces in April will no doubt have a great opportunity in improving the health conditions of the masses.

But their resources are sadly depleted, and for an active policy large funds are necessary, which will be forthcoming only if the Government of India will go to their assistance. Ministries of health are wanted at the Center and in all the provinces adequately equipped and ready to put schemes into operation, if India is to be diverted from the road to disaster.

**Roumania.—The Frequency of Syphilis and Inaccuracy of Official Statistics.** Leon C. Weintraub. *Annale de malade vénerien*, Paris. Nov., 1935, 30: 834.

The author points out the inaccuracies of the official statistics in regard to syphilis. In his own country, Roumania, the official statistics for the years 1930 to 1934 show that barely 1% of the population of the country has syphilis. These figures are too good to be true. Syphilis is much more widespread in Roumania than that. Hatiegano for example, the professor of Medicine at Cluj found that 16% of the patients in his service had positive Wassermann reactions. Banciu and Ariscesco found that among 50,000 workmen 22% had positive Wassermann reactions, among 2,384 prisoners 20% had positive reactions and the reactions were positive in 57% of 500 prostitutes. As the Wassermann reaction is negative in many cases of old, latent and congenital syphilis the real figures would be even higher than that. It is certain that syphilis is much more common than is generally believed. There are various reasons for the inaccuracy of official statistics. Physicians often do not report cases as syphilitic when they really are so. A disease is generally reported under the name of the terminal visceral lesion rather than under the name of the syphilis that caused it. In the nomenclature of diseases adopted by the League of Nations tabes and paralysis are reported as diseases of the nervous system without any mention of syphilis though it is universally recognized that they are caused by

syphilis. Statistical tables do not take into account anything but the skin manifestations of the disease though syphilis in the great majority of cases kills in other ways. In Roumania, for example, syphilis is reported as having caused 1835 and 1755 deaths in 1932 and 1933 while tabes and general paralysis are reported as having caused 1087 and 1255 deaths in those years. The great majority of still-births and premature births are caused by syphilis yet syphilis is not mentioned in reporting these cases. Among 109,955 deaths of infants up to one year of age in 1930 not one was attributed to syphilis. This is so obviously wrong that it is surprising that the attention of statisticians has not been called to it.

It is hard to arrive at exact statistics for, while there are some diseases that are not reported as such that are universally recognized as being syphilitic there are others in which the etiology is complex and there is not unanimity of opinion among different authorities as to their syphilitic nature. Perhaps it would be possible to arrive at the percentage of such deaths that are caused by syphilis and in this way reach at least an approximation of the number of deaths caused by syphilis and also of the number of cases. Cases of skin syphilis, tabes and general paralysis for example might be inscribed as definitely syphilitic, aneurysm of the aorta, aortitis and cerebral hemorrhage as probably syphilitic or syphilitic in a certain percentage of cases and a column *a* given for known cases of syphilis and a column *b* for probable cases of syphilis. At any rate statistics more accurate than those in use at present could certainly be prepared.

**Russia.**—Russia today. Medicine under socialism. Special Correspondent. *The Lancet*, London. Aug. 22, 1936, 2: 450.

The struggle against venereal diseases illustrates how the forces of public opinion are trained and utilized. Syphilis especially has been a major scourge in Russia. The peasants have lived so wretchedly that often whole villages have become infected extragenitally; the people have had to be taught to eat off separate plates instead of from a central dish. Prostitution has been widespread in the cities, and one of the great achievements of the present regime is that prostitution has been almost abolished by giving women workers the same rights as men, by providing work, by protecting maternity and infancy, and by changing the laws of marriage and divorce. The professional prostitute is considered antisocial and may be placed in a corrective institute where she is encouraged to become a useful member of society. In the U.S.S.R. the fight is waged not against the individual prostitute, but against prostitution as a social phenomenon. The success attained is obvious and is reflected in the rapidly dwindling proportion of venereal infections for which prostitutes are responsible.

When a patient comes for treatment much trouble is taken to detect the source of infection, follow its other channels, and insure that it shall do no further damage. Venereal diseases are regarded the same as other diseases, and nobody thinks the worse of a person who contracts them, but if he knowingly endangers others by failing to apply for treatment, that is another matter. If the person proves obdurate and persuasion fails to influence him, his name may be posted in the

wall newspaper in his factory or workshop as an individual who has refused to come for treatment and is a menace to his fellows. Only as a last resort do the medical authorities call in the police. So far as possible venereal patients are isolated while in hospital; all are impressed with the fact that infection of another person is punishable with 6 months' imprisonment. (See also p. 200.)

**Russia.**—The struggle against venereal disease in the Soviet Republics. Bronner. *Prophylaxis antivénérien*, Paris. Feb. 1936, 8:77.

The author reports a great decrease in venereal disease in Russia since the Soviet government came into power. Under the old regime there was no special organization for fighting these diseases. It was not until after the establishment of the Peoples' Commissariat that a special organization for combating venereal disease was established in September, 1918. This became one of the chief problems of the Public Health Service. Venereal disease clinics were established in all of the principal cities, and committees sent into the rural regions and distant parts of the country to determine the morbidity from venereal disease. In places where a high incidence of venereal disease was found venereal dispensaries were established. During the first five-year plan the number of venereal disease dispensaries increased 55 per cent. Free treatment is given to all patients by qualified physicians. Only 8 per cent of the venereal disease patients are treated by private physicians and that only in the large cities. Practically all the patients in the country and small towns are treated by the State. The dispensaries also organized a tremendous educational campaign to teach the public the nature and dangers of venereal diseases and the methods of preventing them. The first venereal dispensary of Moscow for instance gave 2,005 lectures on venereal disease in 1934. That is why three times as many patients as formerly are coming for treatment in the first stage of the disease, and are following up the treatment more conscientiously.

The dispensaries follow up the patients and if they do not come for treatment send them a notice of the date when they should appear. If they do not do so they render themselves liable to prosecution. The rapid decrease of the number of cases of chronic gonorrhea as compared with those of acute gonorrhea shows that the patients are coming early for treatment and following it up faithfully. In 1924, 46 per cent of the gonorrhea patients in Moscow were chronic, in 1934 only 8 per cent.

The patients in venereal disease clinics are provided with cards showing the treatment they have been given. The dispensary also makes an effort to examine the families of the patients. In 1924, 16 per cent of the families were visited; in 1934, 85 per cent. Detecting sources of infection is also an important part of the work. By persistent effort it has been possible to discover a large percentage of the sources of infection.

One of the reasons for the failure to reduce the incidence of gonorrhea is that many cases of acute gonorrhea in women are not detected. To remedy this defect special evening courses in the diagnosis and treatment of gonorrhea in women are being given to gynecologists in

Moscow and in 1934, 260 gynecologists followed these courses. This has resulted in a relative increase in the number of women being treated for gonorrhea.

As a measure for preventing congenital syphilis practically all women pregnant for the first time are given a blood examination and if they are found to have syphilis they are actively treated throughout the pregnancy. Children in all institutions for the care of children are examined and if necessary treated.

A Neurological Institute has been established in Moscow for the treatment and scientific study of venereal disease. Special attention has been given to the question of prostitution. The fight is being made against the economic conditions that produce prostitution, not against the prostitutes. There has been a great reduction in the number of prostitutes. Institutions called prophylactoria have been established where prostitutes are sent. If they have venereal disease they are treated. In any event they are compelled to work six hours a day and are paid just as they would be in any workshop. They are compelled to study two hours a day and are free to spend the rest of the day as they choose except that they must be in by 11 o'clock in the evening. They are re-educated and given a trade and after a year or a year and a half are discharged and given work by the Government. Thousands of prostitutes have been reclaimed in this way. The Soviet Government has undertaken to abolish prostitution completely by establishing a new order of life which will also abolish venereal disease. (See also p. 200.)

**Scotland.—Ophthalmia Neonatorum.** News of the week. *Medical Officer*, London. Dec. 21, 1935. 54:258.

Since the instillation of silver nitrate solution into the eyes of newborn infants became compulsory in Glasgow the incidence of ophthalmia neonatorum has shown a marked reduction. Whereas formerly it was estimated that 20 to 30 per cent of blind children were so because of ophthalmia neonatorum, out of 250 cases occurring in the last six years, loss of vision occurred in only one eye and slight impairment in six.

The incidence of ophthalmia neonatorum continues fairly constant. Its prevention rests upon the diagnosis and treatment of gonorrhea in the mother before delivery.



# Journal of Social Hygiene

A Special Number for Nurses and Social Workers

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**A Special Number for Nurses and Social Workers**

## PROBLEMS OF SYPHILIS AND GONORRHEA *Insofar as Social Agencies Are Concerned*

I \*

ELEANOR MOORE

*Charity Organization Society of New York City*

In meeting problems of syphilis and gonorrhea the family agency is aware, as are other agencies, physicians and public health groups, of the need for increased facilities for treatment of those persons who want care. It would seem that this need, as well as that for more general education of those persons who do not know of their illness, must be met through concerted planning in the community. As an aid to this program perhaps our observations and experience with individual problems would serve to provoke further consideration of some of the social and economic factors involved.

In our contacts we see individual, family, and social problems resulting from venereal infection. These problems differ, and require an understanding of the individual circumstances and feelings in order that we may be of real help. We know that a person must be able to accept his illness as one requiring continuing care, and at the same time be able to carry out this treatment if it is to be effective. This is not easy for the individual himself and is often more difficult when complicated by other family and social relationships and problems.

The knowledge of the illness itself may have varying effects on the individual patient. To one it may be such a shock that coherent planning either for medical or social maintenance is difficult. This

\* This paper was read at the New York Regional Conference, February 3, 1937.

may result in a tendency to leave to others the responsibility for such care. This was true in the case of a single woman of thirty-five. Through examination during an acute illness it was learned she was suffering from syphilis possibly congenital in origin. She felt that since she was not responsible for her illness, it was not up to her to change her plans to include long and tedious treatment. When the latter was urged as essential she decided to give up her work entirely while she was under treatment though this was not necessary. She seemed to feel she could no longer be the independent well person she had been, so saw little point in trying to work out her own situation.

With another individual the knowledge of an infection is most disturbing because it may precipitate concern and conflict related primarily to other problems but which may have some connection with the illness. We have for example, an unmarried mother, who was seeking pre-natal care. In discussion with the case worker she had been extremely concerned about her pregnancy and seemed to be having difficulty assuming responsibility for some planning in connection with it. This seemed closely tied up with her conflict over her having the baby without being married, her feelings toward the child's father, and also the fear of her mother's attitude should she learn of her condition. However, she was aware of the need for pre-natal care and wanted it. In the course of this examination a rash was observed and discussion of a possible syphilitic condition followed. She was questioned about her marriage, husband and family. To be confronted with these personal questions in the clinic where everything she said was overheard, was more than she could bear. She gave false information rather than admit her true situation which she felt she could not have others know. She was then afraid to return to clinic. Instead she saw a physician who verified her need for immediate and continuous treatment.

During this period in which she was so disturbed, the case worker found that she had to draw out her feeling of resentment toward the child's father, her feelings of shame over having been deserted during her pregnancy, as well as her general bewilderment, in order to help her see where these seemed to interfere with her getting the necessary medical care. In order to be able to continue treatment she had at the same time to see more of what went into this relationship with the child's father in terms of her love for him, her reliance on his planning and then her disappointment and hatred when she found she could not trust him.

In addition to its physical and medical aspects infection may have other meanings for the individual. It may suggest he is inadequate, it may carry the shame and stigma with which society has invested it in the past, or it may be a punishment for unacceptable behavior. Variations of these and other personal feelings will persist, and negating them through education alone is not possible. We need to meet it individually wherever we can as a way of preventing frustration in treatment. It is of vital importance also even with those who

are able to get treatment without conflict to consider how this ties up with the sexual and familial adjustments and where we might be of help with it. The patient's ability to admit and care for his illness is a kind of acceptance that is basic and real and one which will serve definitely as a reinforcement both in individual handling and in the general educational program.

With one young couple who were just expecting their first baby it was discovered through clinic examination that the mother was in need of treatment. Discussion with and examination of the husband and wife and the latter's mother revealed that the condition was congenital. The clinic doctor and social worker were able to interpret the nature of this condition, its origin and the treatment required in such a way that the couple could understand and accept it. This was vital to the continuance of satisfactory relationships in the home. Without this awareness of its origin, distrust of one another, and blame for and fear of infection might easily have developed. An intelligent understanding of the care required for the wife and coming baby and the fact that the infection was not communicable at this point served to relieve their conjugal relations of strain and tension. With such individualized discussion much preventive help can be given.

In other marital situations a venereal infection is often so upsetting and disturbing that such informational handling is not effective. The ill person may deny his illness and refuse treatment. The patient may be ashamed of the circumstances or personal relationships through which the infection was contracted. In such instances it may be difficult to get at the facts where the feelings of resentment, fear, suspicion and distrust of one another permeate the whole personal relationship. Where this has been very satisfying and happy on the whole, the fear of the loss of this love and security if the infection is discovered, may be even greater, and an inability to admit the illness may result. In one couple of culture and education the wife on general examination was discovered to have syphilis. She refused to believe even the second diagnosis and finally chose a third doctor for local treatment of her symptom. She and her husband seemed congenial and happy and she dared not risk a change in this relationship. Her inability to accept her illness was due not to her lack of intelligence, education or culture, but rather to an emotional block. Often in such cases one realizes that though there is real affection as well as resentment and distrust, adjustment cannot be effected in the home and separation may follow. Understanding the individuals involved and being able to plan require the greatest skill, tact, and sympathy of a case worker.

In some families the problem centers more around getting adequate treatment than in any difficulties in relationship arising from the infection. To the individual who has a marginal income the cost of treatment may seem expensive, though in reality we know it is not as compared to other medical problems. Weekly visits over a period of months even at a minimal fee often are just not possible

if the other bare living expenses of food, shelter and clothing are to be met. There are numbers of families whose incomes give no leeway for such medical care or other needs which may seem to us essential. In addition the hours of work may make the attendance at clinic difficult or impossible. This is particularly true in domestic and restaurant work. In one instance, a mother of two children, one a young baby, felt she must return to work. Her husband, though employed full time, earned only \$6 a week. She secured a domestic job, working from 8 A.M. until after dinner, earning \$10 a week. Their combined income just met the cost of room, food and clothing needs of the family, which included also the wife's seventeen-year-old sister, who cared for the children. During the last pregnancy the mother was found to have syphilis and was under care. The baby was born well and normal. Continued treatment for the mother was necessary, but when she returned to work later she found that attending clinic regularly was impossible. Her condition did not prevent her working and she planned as she had in the past to resume this as a way of being independent. She realized, however, the importance of treatment and decided to leave the job, hoping to secure another in which the hours would be more favorable. The case worker may question whether the mother should work, or may offer help in getting part time employment, but we do have to consider the family's own suggested solution. If they prefer this way out we can help them to use the resources which will enable them to plan their own home life as adequately as possible.

The case worker is most often faced with problems of venereal infection which combine in various ways these individual, family and social elements. One of the most complex and challenging examples of this was that of a young girl, Anna, who is a member of a large family. Her parents, according to her, were still bound by their old ideas and did not allow her to entertain in the home. She had kept company for some time and since both she and her boy friend were supporting their families there seemed to be no prospect of an early marriage. She worried about their relationship but seeing no other way out she decided it was all right. When we first got to know her she had broken off with him, was not strong, and was working irregularly. Through examination it was discovered that she had syphilis. She was particularly concerned lest her family should know of it. She eagerly followed the family doctor's and social worker's suggestions and advice for treatment. She managed to keep clinic appointments regularly though she was afraid her family would learn of these. The length of time required and the painfulness of the treatment seemed intolerable. Added to this, it was hard to go to the clinic week by week and realize that she was noticed by people who stood around as well as the other patients. Because of the clinic location she felt they knew the nature of her illness and that this contributed to their lack of respect for her, which showed itself in remarks and innuendoes. It almost seemed more than she could bear alone. Her own criticism of herself, her failure to marry which would have been acceptable to herself and family, and her own feeling of punishment all clamored in her for some understanding. Talking

of these as she felt them gave her an opportunity to see her worries. She was irritable at home, jumpy, and felt no one understood. She could not tell her trouble at home and lived in fear that they would suspect her concern. With so little reassurance from those who knew her, it made it all the more important that she have a person in whom she could have confidence and who, she felt, would understand her many and mixed feelings. It was helpful that the case worker was not judging or authoritative and could see how much this relationship had meant to her, how the boy's love had given her considerable happiness and yet how at the same time now she could blame first him, then herself, for this difficulty. It was puzzling how one could feel so many ways and hard to know which feeling to follow as time went on. In this she did need our help and direction, if she were going to be able to enjoy her future relationships both at home and in social contacts.

## PROBLEMS OF SYPHILIS AND GONORRHEA *Insofar as Social Agencies Are Concerned*

### II \*

ELIZABETH DUTCHER

*Secretary, Family Service, Brooklyn Bureau of Charities*

Family case workers have passed through many stages in their active interest in problems of familial disease, especially in cooperating in the discovery and treatment of syphilis and gonorrhea.

Ten years ago there was a focusing of attention on the importance of this problem which resulted in a heightened awareness among family case workers of what syphilis meant in terms of impairment to the individual, and as a threat to family life. The eagerness with which this clue to a definite and tangible cause of mental and physical breakdown and disruption of family relationships was followed up, brought to light in many instances a startling picture of the prevalence of syphilis in the families coming to a family society for care. With the rather inadequate facilities for diagnosis and treatment then available, one family service unit, not in a colored neighborhood, with which I happened to be connected, found that 18 per cent of their families were so infected. There was great emphasis on work with children suffering from congenital infections.

\* A paper read at the New York Regional Conference, February 3, 1937.

With the growing emphasis on the psychogenic origin of maladjustments in the family group, and increasing interest in the inter-action of mind and body, there has been a drifting away from this focusing of interest. This is partly because the somatic origin of these diseases was felt to make them more definitely the responsibility of the medical group, and partly because of a sort of defensiveness among case workers themselves against the stigma attached to the disease, which the modern case worker felt might complicate her relationship to the client.

Interest in obscure symptomology and in general responsibility for the discovery and treatment of syphilis and gonorrhea were accordingly left very largely to the medical field and less responsibility taken for steering clients to clinics. The case worker's treatment where she knew of the presence of disease was largely on the basis of reassurance to the patient, and her effort directed toward an integration of personality and a strengthening of the will, to the end that the client would himself seek to know the cause of his ailments and of the possible treatment open to him. This lack of direct interest was reflected in the lowered incidence of this problem in the statistics of the society.

We are describing a rather extreme position but it is a situation that has existed and still exists. In some instances it is even felt unwise for the case worker to be in close touch with the clinics where the infected clients are being treated: the only picture of the medical treatment given and the prognosis is that given by the client to the case worker.

There are many indications that there is a swing back of the pendulum, and the case worker who in recent years has smiled a superior smile at the "crusading spirit" of people "who wanted to make the world safe for venereal disease," now realizes that a more intelligent awareness of its symptoms and of the many phases of its activity in mental and physical disease is necessary if she is to work understandingly with people. It is borne upon her that she cannot ignore the fact that syphilis is a major cause of personality deterioration, of marital conflicts, and the cause of the greatest number of deaths.

A knowledge of the medical progress in the field and of its newer techniques must be hers if her case work is to be based on reality and especially if the case worker is to be effective in that great area where the somatic interacts with the psychogenic. And the case worker must herself be sufficiently free from feeling of taboo and embarrassment to be able to talk about the disease with freedom as well as with knowledge and sureness, and with a resulting minimum of disturbance and apprehension on the part of the patient. Then the reassurance that the case worker will be able to give will be real reassurance: not a glossing over and minimizing of what is tremendously important. It goes without saying that this program also cannot be effective without a very close and understanding relation-



ship between the case worker and the physicians and nurses who are working with the same family.

There are certain great assets in the total situation in the field today that make this positive type of relationship with doctor and client more facile for the worker. Clinics, it is true, are still terribly few and overcrowded. But the partial removal of the taboo on the very name of the disease: the fact that the radio is now open to us; that life insurance companies are now featuring literature of a descriptive nature and publish full page advertisements, in popular magazines, of informatory character about the disease, gives background that we never had before. The backing the government is giving the control of social disease, both medically and in the public relief field,—to the extreme measure of withdrawing relief where there is unwillingness to take treatment,—indicates a change of attitude on a nation-wide scale and a new focusing of interest on a great health problem as a public health problem.

This marked change of feeling and thinking in the social consciousness with which we all interact makes it more natural and easy for the case worker to be an active participant not only in the general awareness but with the program of the informed professional group, without prejudice to anything else that she is attempting. With the moralistic attitude toward social diseases and its tie-up with anti-social behavior definitely out of date, we can treat these situations naturally and directly, not intensifying problems of fear, apprehension and guilt by ignoring them, but resolving them by making it possible for the client to talk about his feelings and by giving a type of reassurance that will be of real help.

Moreover, during the past ten years there has been an increased recognition of the professional status of the social worker, going paripassu with the emphasis on standardized professional training, that has made for a better relationship with the medical field and a growing confidence on the part of the older profession in the practitioners in the new profession of social case work. This confidence includes a reliance that the ethics of the situation will be fully guarded that would not have been possible ten years ago.

I would like to speak of two instances of families under the care of the Brooklyn Bureau of Charities that illustrate certain phases of this extremely important relationship between physician and family case worker in this field.

When the Department of Health in the City of New York referred Mr. and Mrs. X and their three little children to a family society, the X's were in a very serious situation. Legally they were not residents of New York City. Though they had lived for many years in New York, it happened that they had gone some years previously to work in the potteries of a small town in Ohio. With the permanent closing down of the potteries they had returned to New York, where the man hoped to take up his old job of longshoreman. They had had odd jobs but nothing permanent and twice they had been sent

back to the Ohio town. The second time the wife and children returned but the man in his search for work went to a city up state, and last summer became infected with syphilis. Early last fall the family all returned to New York and the man and later, at the insistence of the clinic, the woman came under clinical treatment. The clinic, in the interest of the children, arranged for their temporary institutionalization until the period of open lesions should be over, and referred the man and woman to the private agency. The small town in Ohio had no facilities for treatment. Along with the medical problem, there are problems of relief, of unemployment, of the bewildered and unhappy attitudes of the man and woman, of preparation of the home for the return of the children. What can be accomplished without the purposeful interaction of the health agency and the family agency?

I am thinking also of a very different situation, in a case of long standing tertiary syphilis that had resulted in a facial disfigurement that made the head of the family unemployable. The medical recommendation was not only treatment for the disease and examination and treatment if necessary for all the members of a large family, but extensive plastic surgery which the man lacked the courage and faith to undergo.

Five years have gone by: the case is closed. And with the closing Mr. S. wrote us a letter on the general subject of what family case work had meant to him. An excerpt from this letter will perhaps make my point in a more human and simple way than any case analysis could do:

"When I came to you (5) years ago" he says "I was at the cross roads,—or the forks of the road,—as some people say. I did not know what to do or which road to take. Through your help you gave me a new hope in life: you increased my faith in man and God and inspired me to fight on. And I am going to fight to keep that which you gave me, which I will cherish the rest of my life. And so in behalf of Mrs. S. and the children, please accept my thanks for all you have done for us. And we shall always think of you as the best friends we have in Brooklyn."

Who says that a frank facing of the problem of venereal disease spoils the relationship between case worker and client?

## PRENATAL SYPHILIS IN CLINIC PRACTICE \*

WILLIAM BAYARD LONG, M.D.

*Attending Dermatologist, St. Luke's Hospital; Chairman, Social Hygiene Committee of the New York Tuberculosis and Health Association*

The problems of syphilis in the pregnant woman and syphilis in the young child have been seriously neglected for many years. In treating such women for more than 25 years in a clinic there has developed the honest conviction that the vast majority of the women knew nothing about the disease until it was upon them. It was a question of ignorance, pure and simple. They were nearly all decent, law-abiding citizens. They were just unlucky enough to marry a man who, in the vast majority of cases, was too stupid and, occasionally, it is true, too vicious to acknowledge to himself that he had been infected with syphilis and consequently had no business to marry until pronounced cured. While it is true that ordinarily ignorance of the law is no excuse, at the same time it seems that there is some semblance of a valid excuse for these people. We cannot expect many to know what this disease is all about if, in the first place, we are prevented from telling them; and, secondly, they are prevented from finding out about it. From this standpoint it seems that the investigation of pregnant women in prenatal clinics and the rounding-up of all the children of parents known to be syphilitic constitute major problems in public health. Certainly such patients are most deserving of attention and medical treatment. We might look with a certain degree of complacency upon the individual who brings the disease upon his own head, but we cannot excuse the same mental attitude towards women and children who are the innocent sufferers of such a calamity.

For many years we have had a separate clinic for women and children infected with syphilis, at St. Luke's Hospital. When members of a family in which either the mother or father is known to be

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syphilitic come to the clinic, we attempt to bring in such children, and it is from them that the experience with congenital syphilis is gained, especially as we have no obstetrical service at the hospital. We have a well-rounded pediatric service and we see the congenital phase in young children from that service, but primarily they are the offspring of parents whom we have found to be syphilitic. Theoretically speaking, if every prenatal clinic did a complete job, there would be very little, if any, necessity for a clinic concerned primarily with congenital syphilis. If every woman who came to a prenatal clinic were properly examined, both as to history and serology and, if syphilitic, properly treated, the incidence of syphilis in the newborn would approach the vanishing point.

Investigation of the so-called cooperative clinic studies has shown that women with syphilis, treated before the fifth month with a proper course of treatment, bear healthy children in about 80 per cent of the cases, despite the fact that they themselves are suffering from syphilis. It has also been shown—and this point needs to be stressed—that the pregnant woman stands treatment better than her non-pregnant sister who is likewise afflicted with syphilis. I have heard many physicians say: "How can you treat this woman; think of the load on the kidneys and liver; how can you put these powerful drugs into them?" My answer has always been that the pregnant woman stands anti-syphilitic treatment quite adequately. The studies of the cooperative clinics group, fostered in large part by the United States Public Health Service, and including some of the most important syphilis clinics in the country, have compiled thousands of these cases, and there is no doubt that the serious reactions following arsenical treatment in pregnant women are as one to five compared with syphilitic non-pregnant women. If we accept this statement as true—and there is every scientific reason to do so—it is apparent that with adequate case finding and proper treatment, congenitally syphilitic children would almost become a rarity. Unfortunately, in practice many of our ideals are not fulfilled. The reason is that clinics, by and large, do not follow through along the lines that they know are scientifically sound.

While in many clinics routine Wassermann tests are made on every pregnant woman, there is some question as to what is done for women found with positive serologic findings. If one inquires in some clinics, "What do you do when you find a patient who has a positive Wassermann?" the answer often is: "We refer such a woman to another clinic or to the Health Department or to some other agency." When inquiry is made as to the follow-up of the treatment given, one often finds that altogether too little of such service enters the picture. In other words, while we have scientific background for much of our careful work, still pregnant women known to be syphilitic are shunted about and little is done for them in many clinics. All such institutions that presume to treat prenatal patients with syphilis should be staffed by physicians who know syphilis as a disease thoroughly. If a woman is discovered with syphilis, she should be treated in the clinic

all through the entire course of her pregnancy, whether her Wassermann reaction remains positive or becomes negative. It is just as important, or nearly so, to treat a syphilitic woman with a negative Wassermann as to treat one with a positive reaction. Certainly a pregnant woman should be entitled to every chance that any medical institution can give her and her as yet unborn child, and every effort should be made to terminate the pregnancy happily. That such is not the case is altogether too evident to those who are actively engaged in this type of service and who have studied the matter at all with any degree of care.

A matter of considerable importance to this whole field is that of social service. A good syphilis clinic cannot be operated without a coordinating social service staff. Contact between a patient and the social service worker is just as important as contact between the patient and the physician. When a physician attempts to find out the full history of a pregnant young woman, he often finds her evasive in her answers. When the patient comes in contact with the social service worker, particularly one who is sympathetic, tolerant and understanding, then the whole story may be revealed to such a professional worker.

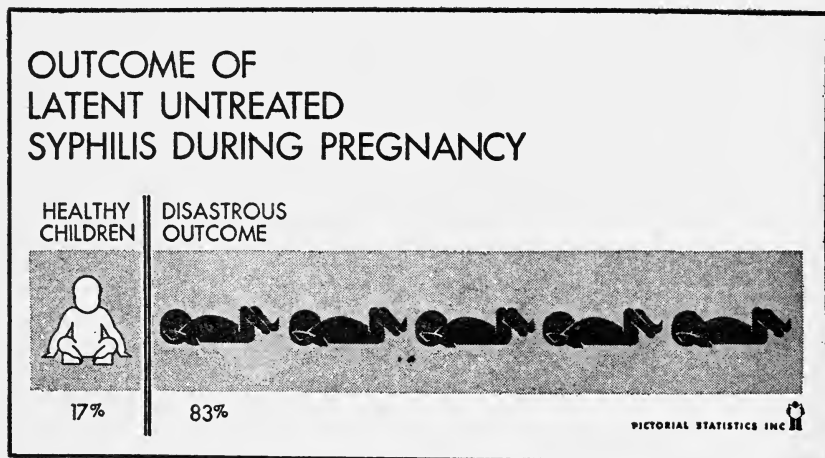
Still another important phase of the work which is of paramount interest is in keeping track of these patients. In many of our large clinics one finds that, while from the records there are many patients treated, there are indications that the average number of anti-syphilitic treatments given to a patient are pitifully few. The whole scientific concept of treating syphilis is to treat it continuously for a minimum stipulated period of time. This procedure is essential if any impression is to be made on the status of the disease. The treatment of transient patients who wander in for two or three injections and then go without further medical attention is in many instances almost sheer waste. The ideal procedure is to treat fewer patients and to treat them often. The test of a good clinic is not how many visits have been made to the particular clinic but the record of the number of visits per patient. If a high average is shown in the latter regard, it may be taken for granted that a satisfactory type of medical service is being rendered.

Undoubtedly a most important procedure to follow in all of this work is the rounding-up of the children of syphilitic women. I have been tremendously interested in this subject for a good many years, and know of boys and girls who were under my care who have grown up to adulthood and are married and now have families of their own. They come to see me to report upon their condition and thus far I have seen only one case that made me think of the Biblical third and fourth generations. I have had possibly one case of congenital syphilis in the child of a woman who was in turn a congenital syphilitic herself. This may apparently happen, but, fortunately, such an occurrence is very rare. When one approaches this problem in the proper spirit and with a truly scientific mind, intent upon rounding up all the children involved, some surprising developments occur over a period

of years. One is apt to find hospital patients in nearly every department who are being treated ineffectually because of the fact that it has never been recognized that the basis of their physical troubles lies in infection with syphilis before birth. Such patients are to be found in the tuberculosis division, the nose and throat division, the surgical service with osteomyelitis, in the cardiac clinic, and so on. It becomes a very fascinating thing to take over the care and treatment of these children who have perhaps been under treatment for some years without discovery as to the root of their real problems, and then with some treatment to see the tremendous difference it makes in their condition.

Unquestionably, the incidence of congenital syphilis is fairly widespread. Conservative estimates place it somewhere in the neighborhood of 2 to 4 per cent of all children under fourteen years of age. The incidence varies with the locality and the types of individuals in these localities. It is generally recognized that the most frequent sufferers of this disease are the colored people and, of course, the incidence of congenital syphilis will be higher among the offspring of the colored population than of the white.

The following chart is from an article by Dr. Thomas Parran, Surgeon General of the United States Public Health Service, which appeared in the *Survey Graphic*, illustrating the fate of children conceived in syphilitic women who received no treatment. As you will note, only 17 per cent of the children came through unscathed, while 83 per cent ended in disaster—miscarriage, stillbirth, or the child was born with syphilis or some congenital defect.



The following chart, compiled by the American Social Hygiene Association, gives a clearer concept of the prevalence of congenital syphilis. You will note from this chart that the estimates vary from less than 1 per cent to 15 per cent, with the average somewhere around 3 or 4 per cent for the country as a whole.

## PREVALENCE OF CONGENITAL SYPHILIS AMONG CHILDREN

<i>Author</i>	<i>Age of Group</i>	<i>Type of Case</i>	<i>Number of Cases</i>	<i>Per Cent Syphilitic</i>
Jeans and Cooke.....	All ages	Out-patient	5185	2.0
St. Louis	Infants	Clinic		4.9
	Older Children			1.5
Wright. ....	All ages	Hospital,	1220	3.3
Boston	Infants un-	Children's	consecutive	5.8
	der 13 mo.,	Med. Serv.	admis-	1.7
	over 13 months	sions		6
Solomon and Solomon.....	All ages	8 hospitals and clinics	3185	5.2 (average)
Boston				
U. S. Public Health Service and Mississippi State Board of Health.....	All ages	Unselected	4005	10.0
	1 to 4	rural		7
	5 to 9	Negroes		6
	10 to 14			9
	15 to 19			13
Jeans. ....	Infants	Hospital	Estimate	2.8
St. Louis	Negro	and Clinic	for all	15
	Poor white		newborn in	1.8
	Well-to-do		St. Louis	less than 1
Commiskey .....	Infants	Hospital	1074	3.2
Brooklyn				
Cruikshank .....	Infants	Maternity Hospital	1350	4.2
Glasgow				
Findlay .....	Young Children	Children's Hospital	1275	4.5
Glasgow	Scarlet fever patients		247	0.8
Sanger .....	Infants	Obstetrical Clinic	....	6.0
Munich				

In reading these figures, care should be exercised in interpreting them. It should be emphasized that a negative Wassermann in the early years of a child born of syphilitic parents does not mean that that child will go through the balance of its existence without further accident. In all probability, the older the child the higher the incidence of positive serology found, the younger children having negative Wassermans because of some peculiar latency in the disease which only becomes apparent as the child grows older.

An interesting history of a syphilitic child is represented in the following data: She was twelve years old when she came into the clinic. Her father was a suicide and probably had syphilis of the central nervous system. The mother was definitely syphilitic and was under treatment for tertiary syphilis. She was a bright, attractive girl and was being treated at the Knapp Memorial Hospital for interstitial keratitis, with splendid results. Her Wassermann reaction

was positive and the eyes showed a large patch of choreo-retinitis adjacent to both discs. In addition, there was some beginning of optic atrophy in both eyes. Otherwise, the child was well and was carefully treated. She was an intelligent, cooperative patient, and the last note in her case was in 1932, twelve years after she first reported. She was able to read well with glasses, and had been so successful in life that she had received an undergraduate degree and was a candidate for a Master's Degree at Columbia University.

Another phase of the same problem was presented in the following family history, a full report of which I have. Here is a record of nine successive pregnancies, only the last one of which terminated in a healthy child. The first pregnancy was a miscarriage; the second was a miscarriage; the third was a stillbirth; the fourth had a positive Wassermann plus a congenital heart disease; the fifth had indefinite serology and the child had Hutchinson's teeth; the next had a four-plus Wassermann; the next was a mental defective with a negative Wassermann but all the stigmata of congenital lues; then followed a child with the usual stigmata present and having a peculiar irregularity of the entire respiratory function, the nature of which was never solved; the last child was Wassermann-negative and we could not find anything definite as far as syphilis was concerned. The I.Q.'s of all these children were very low.

Just consider for a moment what would have happened if this woman had gone to a clinic before her first pregnancy, when both she and her husband were serologically positive for syphilis. If a Wassermann test had been taken and she had been put under treatment, much would have been saved providing she had been treated all through these numerous pregnancies. We cannot help but admit that, according even to the lowest estimate, six or seven of the children would have been absolutely well. I am sure they would have had higher I.Q.'s than the range from 27 to 84, with the exception of the last child, who had an I.Q. of 96. It seems there is something definitely wrong with our system of management that permits things such as this to go on. I think we are in a fair way to change them, and the way to bring about a change is to diagnose syphilis when it is present and to treat it in due season.



## MODERN FEVER THERAPY IN SYPHILIS AND GONORRHEA

ADOLPH JACOBY, M.D., F.A.C.S.

*Assistant Director in Charge of Clinics, Bureau of Social Hygiene,  
New York City Department of Health*

EDITORIAL NOTE: *The First International Conference on Fever Therapy*, held recently in New York City, directed public attention to this subject, and coming as it did in the midst of the renewed national campaign for public education on the venereal diseases, naturally has brought many inquiries to the American Social Hygiene Association as to methods, sources of treatment and possibility of cure of syphilis and gonorrhea by this means.

*This scientific article has been prepared as an impartial statement. It is believed that lay readers will be interested and will get a clear picture of the present possibilities and dangers. It should be evident that any persons desiring treatment by fever therapy should consult competent and experienced physicians as to whether fever therapy is appropriate and reasonably safe for their conditions; and whether the proper equipment and personnel for treatment and control are available.*

The use of heat in the treatment of disease is not a new method of therapy. One of the earliest methods of treatment mentioned in the writings of the Bible, was the use of heated bricks in the treatment of gonorrhea in men. The more modern methods of producing fever and using the fever so produced in the treatment of disease had their beginnings when Wagner-Jauregg of Austria, in 1890, used injections of old tuberculin to produce fever in patients having cerebrospinal syphilis. At about this time or shortly thereafter, D'Arsonval, the noted French scientist, developed the use of high frequency currents for the production of fever and employed this method in the treatment of patients with old syphilitic infections. Shortly after the use of tuberculin, Wagner-Jauregg introduced the method of producing fever by inoculating the individual with malaria parasites. Since the acceptance of these methods as scientifically sound, both the use of infectious diseases and the use of high frequency currents for the production of fever in the treatment of var-

ious diseases have been studied with increasing confidence that they may be perfected and adapted to practical medical service requirements. The First International Conference On Fever Therapy held last month in New York City brought together for discussion physicians from many countries interested in this method of treating diseases; and advanced interest in extension of the use of these methods under proper safeguards.

At the present time, the methods in use for the production of fever are of two general types—active and passive methods. In the active methods the fever is produced by the individual's own heat regulating mechanism in response to some noxious substance introduced into the body. In the passive methods the fever is produced by heating the body by subjecting it to external heat. It is very likely that the body mechanism participates to some extent in the elevation of temperature so produced.

Among active methods for the production of fever in addition to malaria, are the injection into the body of foreign substances such as proteins, vaccines such as tuberculin, typhoid vaccines and D'Melcos vaccines, colloidal substances, such as collargol and electargol, and sulphurated oil. These substances are injected under the skin, into the muscle or into the blood stream, depending on the substance used.

Among the passive methods for the production of fever are prolonged hot baths; hot air cabinets employing radiant heat, an example of which is the cabinet used by Warren; hot moist air in a cabinet containing a minimum of dead space, such as the Kettering Hypertherm; the older method employing high frequency currents as in diathermy; and the more recent use of high frequency short wave currents, as well as a combination of short wave current for general elevation of temperature and diathermy applied to the local area to increase the heat where the effect is desired. When cabinets are used, the patient is placed in a cabinet and the heat producing mechanism is placed in operation. The temperature of the patient is gradually elevated so that within one or two hours the desired fever level is produced. The methods most often employed are the inoculation of malarial parasites, as advocated by Wagner-Jauregg, the use of heated moist air cabinets as exemplified by the Kettering Hypertherm and the use of short wave high frequency currents, either alone or in combination with local diathermy.

Fever has been used up to the present time for the treatment of a variety of pathological conditions. In the diseases of the cardiovascular system, the conditions which have been favorably influenced by fever therapy are the diseases of the terminal blood vessels such as endarteritis obliterans, Raynaud's disease, acrocyanosis, high blood pressures, endocarditis, particularly of rheumatic origin, and varicose

ulcers. Care must be used where phlebitis with thrombus formation is present in the condition treated because of the great danger of embolism. In the diseases of the nervous system, excellent results have been obtained in chorea in children, some effects have been produced in old poliomyelitis, in the spastic paralysis of disseminated multiple sclerosis, in neuritic pains, and in the lightning pains and gastric crises of locomotor ataxia. A number of eye diseases have been benefited by fever therapy. Other diseases such as acute rheumatic fever and arthritis due to rheumatism or other infectious agents have been treated with success by fever.

However, the vast majority of patients who have had treatment by one or another of the methods employed in producing fever have been affected either with syphilis or gonorrhea. When first introduced by Wagner-Jauregg, the treatment was directed toward the late cerebrospinal manifestations of syphilis. The first group of patients treated were those having general paresis and confined in institutions for mental disorders. The treatment as first given consisted in the production of malaria by permitting the individual to be bitten by mosquitoes carrying the malarial parasite. This would cause the development of malaria, with chills and fever rising to about 104° F. When five or more chills were produced the disease was terminated by giving the patient quinine. The results obtained in these early cases were rather remarkable. Previously individuals who had developed general paresis could count on only six to twelve months' life expectancy, with occasional brief remissions in the symptoms. Following the use of malaria, a large proportion of infected individuals were favorably influenced and remission brought about to such an extent that the individual could again resume his normal occupation. The duration of such remissions varied anywhere from six months to several years. The treatment also influenced the cerebrospinal fluid changes produced by syphilis. This consisted in a reversal of the Wassermann test from positive to negative and a favorable alteration in other reactions in the spinal fluid. Fever produced by electric modalities is believed by some observers to give better results than that produced by malaria. Since the original use of malaria for this condition, it has been found that a combination of malaria or electropyrexia and the intravenous injection of an arsenical preparation, called tryparsamide, give better results than either modality alone. The experience of Neymann,<sup>1</sup> Kraepelin,<sup>2</sup> Ebaugh, Barnacle and Ewald<sup>3</sup> indicates that from 43% to 58% of patients with general paresis treated by malaria have been improved; those treated by electropyrexia were benefited in 63% of cases, while those treated with fever plus the injection of tryparsamide showed improvement in 71% of cases. It can be stated definitely that fever therapy has a very important place in the treatment of general paresis.

At the present time, other stages of syphilis have been treated by the use of fever, but as yet from a purely experimental standpoint. In the early stages of syphilis there is brought about a rapid disappearance of the initial lesion and a disappearance of the secondary

rash, characteristic of this stage of the disease. It appears from limited experiments that sterilization of the individual and bringing about a non-communicable stage are produced in a briefer period than with the usual treatment consisting of the injection of arsenicals such as salvarsan, and heavy metals such as bismuth.<sup>4</sup> In tabes, optic atrophy, or rather the disturbances of vision produced by infiltrative lesions in the optic tract frequently present in locomotor ataxia and ultimately leading to total blindness, have been caused to disappear rapidly under the influence of fever. However, when atrophy had already occurred and impairment of vision carried to the extreme, no influence was obtainable. In the sharp lancinating pains in the abdomen known as abdominal crises and in the shooting pains of the legs so frequent in locomotor ataxia, almost complete remission of the symptomatology is brought about. However, the degenerative lesions produced by the disease in the posterior columns of the spinal cord are not influenced when already fully developed. But it is possible for an individual so affected who previous to treatment had been bedridden and unable to walk, to recover a fair degree of function which would permit locomotion and comparative freedom from symptoms. The destructive lesions of syphilis such as exemplified by Charcot's joint, and trophic lesions such as perforating ulcers are favorably influenced. In congenital syphilis the eye lesions such as interstitial keratitis have rapidly responded and the usual period of treatment materially shortened.

While there appears to be considerable experience to encourage the use of fever in the treatment of many manifestations of syphilis, in addition to general paresis, it is clear that fever therapy should only be employed in carefully selected cases and under the guidance of experts exclusively.

Gonorrhea, in men, women and children has been treated by fever. The treatment consists in the use of malaria or one of the passive modalities for fever production such as the Kettering Hypertherm or the short wave electric machine with or without added diathermy. Malaria has been used for sixteen years in Germany and Austria in the treatment of gonorrhea. In the United States attention has been given to passive modalities almost exclusively in the treatment of this disease. The method employed varies. In some techniques, one single continued application of fever elevated to 106.7° F. is used. In the other techniques, several exposures to a temperature of 105° to 106.7° F. are used, the treatment being given every third or fourth day. The progress of the individual is followed by repeated examination of smears and cultures of the discharges from the diseased areas, for the presence of the gonococci. The types of infection that have been successfully treated include acute and chronic gonorrhea in men as well as complications such as prostatitis, seminal vesiculitis, cowperitis and arthritis; in women, acute and chronic urethral involvement, cervical infection, tubo-ovarian disease, pelvic cellulitis and peritonitis, as well as complications such as arthritis, endocarditis and general septicemia; and in children, vulvovaginitis and gonorrheal ophthalmia.

The results reported by various observers indicate that from 70.5% to 93% of individuals subjected to this treatment are cured. The most logical mode of application of fever therapy for gonorrhea is that employed by Warren and Carpenter.<sup>5, 6</sup> Their method entails the preliminary isolation of the strain of the gonococcus responsible for the infection and the determination of the death time for that particular strain at a specific temperature of 106.7° F. In their work they have found strains resistant to this temperature for as long as 34 hours, and in the treatment of these individuals, fever is maintained for the time demonstrated to be the lethal period for the particular strain. All other methods employ a fixed temperature and time application, with no regard to the specific death time of the strain producing the infection.

The value of the fever treatment lies chiefly in the rapidity of cures. Although the method is effective it is not without danger to the individual treated. The patient is completely exhausted as the result of the treatment and unless the utmost precautions are continuously taken during and after the treatment, death may result. In spite of the efficiency of the treatment and the more rapid cures brought about, it is as yet not a practical method of treatment inasmuch as during the past five or six years in which the passive fever treatment has been widely used probably not more than 2,000 patients have been so treated. It is exclusively a hospital procedure to be carried out only by specially trained medical and nursing personnel. In consideration of the vast numbers of individuals affected with gonorrhea, and the limitation of existing facilities, it is at the present moment impossible to apply this treatment to any considerable portion of infected individuals. It should be regarded as still in the experimental stages and reserved for those cases in which the established methods of treatment have failed. With improvement in instruments and technique the method may become safer and available to a much greater extent than is now possible and so make applicable this type of therapy to a much larger group.

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# WHAT ARE LIFE INSURANCE COMPANIES DOING ABOUT SYPHILIS? \*

## *With Special Reference to the Value of the Kline Tests in Insurance Medicine*

CHARLES ROBERT REIN, M.D.

MARGUERITE LE MOINE

AND

MARGARET G. STEPHENS

Although syphilis is much more prevalent than tuberculosis or diabetes, very little is done by insurance companies to detect this disease among applicants.

In 1932 we presented before this Association a preliminary report (1) on the value of the Kline test for the detection of syphilis in applicants for life insurance. At the 1934 meeting a second report (2) was presented which gave the results of 3,230 tests. At this time we are reporting on a total of 6,900 tests which were performed at the Metropolitan Life Insurance Company from May 20, 1932 to July 31, 1936 (*See Table I*).

TABLE I

*Kline Tests Performed at Metropolitan Life Insurance Company—  
1932-1936*

<i>Source of Material</i>	<i>Number</i>	<i>Percentage of possible tests</i>
Applicants suspected as syphilitic. Blood collected by field examiner or at home office.....	2,200	13.0
Individuals examined at home office, who had electrocardiograms because of known or suspected heart or circulatory impairment.....	1,000	2.3
Others .....	3,700	Not Available
<i>Total</i> .....	6,900	

It is interesting to note that when the Kline test was done routinely on the 1,000 consecutive individuals who had electrocardiograms because of a suspected or known cardiovascular impairment, only 2.3% gave positive reactions; when,

\* Read before the Association of Life Insurance Medical Directors of America, October 23, 1936.

however, the Kline test was done on the selected group of 2,200 applicants for insurance, who presented symptoms or gave histories suggestive of syphilis, approximately 13% gave positive reactions.

In order to ascertain what other insurance companies were doing regarding the use of serologic tests for the detection of syphilis, we sent out the following questionnaire:

*Do you request a serologic test for cases of suspected syphilis in applicants for life insurance?*

*If so:*

1. *Which test do you use?*
2. *Is the test performed*  
*at the Home Office only?*  
*at an outside Laboratory only?*  
*at either?*
3. *Do you request the test*  
*regardless of amount of insurance applied for?*  
*for specified amount of insurance applied for?*
4. *How many serologic tests have you made in a recent month's period?*
5. *How many were positive?*

*If not:*

*Have you any objection to the use of a serologic test?*

These questionnaires were sent to 97 insurance companies and 75 replies were received. Although 56 (75%) companies requested serologic tests, few of them did more than 30 tests each during the past year. (See Table II.)

TABLE II  
*Analysis of the Fifty-six Insurance Companies Performing  
Blood Tests*

	<i>Kline test only</i>	<i>Kline or other</i>	<i>Wasser- mann and/or Kahn</i>	<i>Not Specified</i>	<i>Total</i>
Test performed at home office only.....	6	..	..	..	6
Test performed at outside laboratory only	2	4	26	16	48
Test performed at either.....	..	..	2	..	2
Requested regardless of amount.....	7	4	28	15	54
Restricted by amount of insurance.....	1	..	..	1	2
Number of tests in 12 months "very few," "none," "small number".....	..	1	8	5	14
1-9 .....	..	1	9	..	10
10-29 .....	1	..	3	6	10
30-99 .....	1	1	1	1	4
100 plus.....	4	..	..	..	4
Not stated.....	2	1	7	4	14
<i>Total</i> .....	8	4	28	16	56

It is astonishing that more tests are not done, especially since it is known that syphilis is widespread and that the mortality of the infected individuals is high. It has been estimated (3) that at least 15 per cent of organic heart disease and about 11 per cent of new

admissions to mental hospitals are due to syphilis. Although only a relatively small number of deaths are recorded as due to syphilis, many are masked under other designations. Parran (4) states that "it has been conservatively estimated that 18 per cent of deaths from organic heart disease are primarily the result of syphilis. If this is true, the deaths from cardiovascular syphilis and neurosyphilis exceed those of tuberculosis." Newsholme (5) comments on the increased mortality due to syphilis as follows: "Our chief enemies at present are heart disease, cancer, pneumonia, tuberculosis and syphilis. If the full facts were known, as Dr. Osler said, syphilis would probably come first. Syphilis is the biggest killing disease in the community. It and tuberculosis are undoubtedly the greatest present contributors to the total mortality prior to the approach of old age. By the removal of tuberculosis and syphilis, most of the preventable deaths from the age of fifteen to sixty-five would be avoided."

Some companies depend upon the patient's history to detect an infected individual. Attempts to secure an accurate syphilitic history in connection with an insurance examination are practically useless. The majority of those who know they have been infected will deny it for obvious reasons. Many of these syphilitics will pass a physical examination because the infection is in the latent stage or because the examiner is not sufficiently trained to diagnose syphilis in its unusual and concealed forms. In addition, many latent syphilitics are quite unaware of the existence of the disease. In fact, it has been estimated that about 50 per cent of the syphilitics are unaware of their infection. A routine blood test is therefore of the utmost importance in life insurance work for an examiner is apt to be unaware of the presence of a syphilitic infection with the single physical examination, the cursory history, and especially the unreliable venereal history.

Some companies have objected to the routine use of blood tests for various reasons, as follows:

1. *The difficulty in collecting specimens in the field.*

The Kline test is especially applicable for insurance work because sufficient blood for the test is easily obtainable from a finger or ear lobe puncture and easily collected in capillary tubes. In addition, no chemicals need be added to prevent clotting or bacterial contamination. The blood can be sent with safety over long distances to a central laboratory for examination and is satisfactory for testing within ten days after collection. These bloods can be collected by the field examiner in a few moments.

2. *No facilities for performing the test in their own laboratories.*

The Kline test can be done in small home office laboratories with a minimal amount of equipment. It has been estimated that each test costs about twenty cents, which includes not only the cost of all materials but also the technician's salary. One hundred or more tests could be completed in less than two hours. In spite of this, 90 per cent of the companies that request blood tests resort to outside laboratories. In fact, some companies merely request the applicants to present a report from a recognized laboratory. It might be a simple



matter for a syphilitic applicant to have someone else ask for a blood test in his name.

3. *Undesirability of any responsibility for venepuncture when performed by their examiner or representative.*

There are, however, practically no untoward results when the blood is obtained from the puncture of a finger or ear lobe (as for a blood count) and therefore little or no responsibility is encountered by the company.

4. *Undesirability of blood tests until the public becomes better educated as to their value.*

The public is receiving this much needed information through the many articles on syphilis which have recently appeared in magazines and newspapers, and through radio talks. Considerable progress along these lines has been made by the various public health and social hygiene organizations. Furthermore, by making use of finger blood, the applicant need not know the reason for the test.

5. *Needlessness of blood tests as a routine procedure, and desirability only when the history or other circumstances make it advisable.*

Such a viewpoint is quite unsatisfactory, because in many instances the examiner will find nothing in the history or physical examination suggestive of syphilis. It is a well known fact that in a large number of cases the positive blood test may be the only evidence of latent syphilis. No examination of applicants for insurance should be considered complete without a blood test for the detection of syphilis. It has been suggested as not only desirable, but even obligatory that all companies do blood tests on all applicants for life insurance of \$5,000 or more.

Approximately 50 per cent of the companies that requested blood tests specified the Wassermann and Kahn. It is probable that they do not request the Kline or other accepted tests because they are relatively new. However, during the past few years the United States Public Health Service, in collaboration with the American Society of Clinical Pathologists, has had two serologic conferences in the United States to determine the efficacy of the various serologic tests for the diagnosis of syphilis (6). A report (7) on the evaluation of the first conference demonstrated that the better precipitation tests are as specific and more sensitive than the better complement fixation tests. Furthermore, the Kline diagnostic test (the very test we advocate and use for insurance work) had fewer non-specific, doubtful and positive reactions than the other tests evaluated in this conference. In addition, the Kline exclusion test, which is more sensitive than the Kline diagnostic, gave the highest percentage of positive reactions in syphilitic individuals, when compared with the other first class tests in this conference (a first class test for syphilis is one that gives less than 1 per cent false positive reactions). Therefore, by doing a Kline diagnostic and exclusion test on a blood specimen, one is able to obtain satisfactory specificity and sensitivity. It is to be expected that an occasional non-specific reaction will be encountered. For this reason, it is advisable to collect sufficient finger blood to allow for a recheck

of all the positive reactions with the same specimen. An applicant should not be diagnosed as syphilitic with a single positive reaction. Other confirmatory tests should be used in examining the applicant's blood in doubtful cases. In such suspicious or doubtful cases, the applicant should undergo a thorough clinical investigation, including careful cardiovascular and spinal fluid examinations.

### Conclusions

1. From the analysis of the questionnaire received in this investigation from 75 of 96 insurance companies, only about 250 of about 50,000 (only 1 in 200 or 0.5 per cent) syphilitic applicants in 1935 were detected. This total of syphilitics is based upon the assumption that during 1935 about 2 to 2½ million individuals applied for ordinary life insurance in the 75 companies, and that probably 2 per cent to 3 per cent of these had syphilis. (It is estimated that approximately 5 to 10 per cent of the population of this country are affected with syphilis.)

2. Because the mortality among syphilitics is high, because the presence of syphilitic infection is frequently not detectable by physical examination alone or from the history which is usually unreliable, but may be ascertained by reliable blood tests, it is advised that all insurance companies use these tests for syphilis routinely on all applicants for insurance.

3. The Kline tests for syphilis are especially applicable for insurance work because sufficient blood is easily obtainable from a finger or ear lobe puncture, and because the tests give results of maximum specificity and maximum sensitivity.

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# MEDICAL SOCIAL SERVICE IN SYPHILIS CLINICS

## *Recommended Practices and Procedures*

KATHRYN A. LOUGHREY, R.N.

*Chairman, Committee on Problems of Syphilis Clinics Section on Medical Social Service, Welfare Council of New York City*

During the autumn of 1936 the Committee on Problems of Syphilis Clinics in the Section of Medical Social Service of the New York City Welfare Council gave careful consideration to the practices and procedures which should be part of every syphilis clinic service. This Committee is composed of the medical social workers representing the syphilis clinics of the voluntary and city hospitals and of the Health Department. The committee in consultation with officers of the Bureau of Social Hygiene of the Department of Health arrived at a statement of practices and procedures which the committee recommended for general adoption in all syphilis clinics of New York City. This statement, regarded as having interest for social workers in other cities, is as follows:

Social service has come to be recognized as an integral part of medical treatment. The medical social worker aims primarily to discover and bring to the attention of the physician facts regarding the patient's personality or environment which relate to his physical condition and to ameliorate or overcome obstacles to successful treatment which may exist in the living or working environment of the patient.

### *Functions and Duties*

The functions and duties of the medical social worker in a syphilis clinic may vary in accordance with the type of institution or clinic, its organization, size of staff, equipment and the standards maintained by the institution. Briefly summarized the chief duties are:

Studying and evaluating factors in the patient's environment, and reporting to the physician such factors as may have a bearing on the patient's physical condition and response to treatment.

Interpreting the diagnosis and medical recommendations to the patient and assisting him in overcoming obstacles to effective treatment.

Following up patients, sources of infection and contacts and getting them to respond to examination or treatment.

Arranging for supplementary care wherever necessary. Supervising the referral or transferral of patients to other clinics or community agencies.

### *Qualifications*

A delicate type of personal and family relationship is involved in treatment and follow-up of patients with syphilis which requires well-trained and experienced medical social workers in the clinics. They should be able to meet the educational and professional qualifications for active membership in the American Association of Medical Social Workers and, preferably, should have special knowledge, training, or previous experience in a clinic for the treatment of syphilis. They should be familiar with the Sections of the Sanitary Code and Regulations governing the conduct of clinics and the care of patients.

### *Clinic Procedure*

The medical social worker in the clinic should interview all patients as soon as their examinations are completed and the diagnosis confirmed by the physician.

The responsibility for informing patients as to the nature of their diagnosis and the importance of regularity in treatment is that of the physician in the first instance. It then becomes the duty of the medical social worker to see that patients thoroughly understand the instructions given them by the physician. Whenever necessary the medical social worker should reiterate or supplement the information. Patients should also be given a clear understanding of the significance of the diagnosis in relation to family and society.

It should be the responsibility of the medical social worker in the clinic after consulting with the physician to have members of family or other contacts examined and treatment instituted wherever necessary. Special attention should be given to sources of infection and bringing them under medical care. Sources of infection not reporting for examination should be reported promptly to the Department of Health.

Home visits should be made at the discretion of the medical social worker after consulting with the physician.

The social record to be of value to the physician should be completed not later than the second visit after treatment has been instituted.

Delinquent infectious patients should be reported promptly to the Department of Health.

Patients who have been under treatment but have become delinquent should be visited by the medical social worker in the clinic before being discharged for lack of cooperation or put on an inactive list.

The medical social worker in the clinic should have on hand an adequate supply of circulars of instruction and advice as required by the Sanitary Code for distribution to patients. Non-English speaking patients should be supplied with translations which usually can be obtained from the Department of Health.

### *Follow-Up*

The follow-up of patients and contacts is an important aspect of social service in a syphilis clinic. It should not become a routine

or clerical procedure. It should be done on a selective basis and as a part of social case work treatment. Special attention should be given to infectious cases.

### *Referred and Transferred*

When patients are referred or transferred to other clinics or outside agencies, or to Department of Health clinics, the medical social worker in the clinic should notify the clinic or institution that the patient is being referred or transferred and should transmit in advance of patient's visit a transcript or summary (whichever is required) of treatment and Wassermann and laboratory findings. In some clinics a "transmittal form" prepared in consultation with the chief of the clinic is used.

The medical social worker should carefully explain to the patient the reasons for transference and the procedures to be followed.

Patients who have been under treatment for a long period of time and whose transfer to another institution may result in discontinuance of treatment should be given special consideration by the medical social worker and the appropriate adjustment made to keep them under treatment if possible in the clinic where they are registered.

Wherever feasible, all members of a family should be examined and treated in the same clinic or institution and the medical social worker should be responsible for making this arrangement.

### *Clinic Assistants*

Careful record-keeping, and prompt reporting of infectious cases to the Department of Health as required by the Sanitary Code are essential parts of clinic routine. Efficient and adequate clerical assistance is necessary to carry out this routine.

Clinic assistants should be well-trained in their duties and capable of accepting responsibility. They should have a clear understanding of the confidential character of the records and the importance of safe-guarding them in accordance with the provisions of the Sanitary Code.

### *Social Case Record*

The medical social case record corresponds to the medical history of a patient and is significant to the physician as supplementary information in completing his findings and recommendations. It therefore follows that it should be accurate, concise and carefully written in accordance with approved social case work practice. If the medical social case record is kept separately from the medical record a summary should be attached or incorporated in the medical record so that it may be readily available to the physician. The final disposition of the case should be given in the summary as well as in the medical social case record.

A careful analysis of the use made by physicians of the medical social case work record should be made at intervals and the results discussed with the director of the social service department and the chief of the clinic. The results of these conferences will determine

the value placed upon the social record and how intensive or extensive the information therein contained should be.

### *Reports and Statistics*

A monthly statistical report showing the number of new and old patients, number of patient visits and disposition of case, i.e., discharged, closed, transferred or lost, is a requirement of all well organized clinics, and provision should be made for adequate clerical assistance and the proper equipment, such as typewriters, files, reporting blanks, stationery, et cetera.

The extent and kinds of statistics and reports required by the clinic and the Department of Health and medical social service department of the institution should be given consideration in selecting the clerical staff and determining the size of staff required to do the work efficiently.

Communications and reports to outside agencies should be transmitted in writing with the approval of the physician and the patient.

### *Public Education*

As a means of keeping informed and of improving professional techniques and standards of work, medical social workers in syphilis clinics should make it a point to attend and participate in institutes, courses of lectures, committees or other activities on the subject of syphilis. They should also accept professional responsibility for spreading public education on available resources for diagnosis and treatment of syphilis and unmet community needs.

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After copies of these recommendations were distributed to social workers in all syphilis clinics in the city, it was ascertained by a questionnaire that the procedures were generally approved and all recommendations were considered essential to the proper conduct of a syphilis clinic. However, as a result of experience and further study, it was felt that not enough stress was placed on the subject of reporting cases to the Department of Health. It should be emphasized here that all cases of syphilis, whether infectious or non-infectious, should be reported. Reporting is incomplete and its importance is not generally recognized. The social worker connected with the syphilis clinic should assume a large share of responsibility for this important public health function. If she does not do the actual reporting herself, she should see that the person assigned to this phase of the work understands the importance of making a complete report of every diagnosed case of syphilis and gonorrhea. Social workers in syphilis clinics feel that they have not been able to carry out all these recommended practices and procedures because of the inadequacy of personnel.

The Health Department has been concentrating on the problems of the physical set-up and personnel of syphilis clinics. An effort is being made to have the various hospitals comply with the regulations of the Sanitary Code governing the conduct of clinics and dispensaries. The New York Tuberculosis and Health Association is

attempting to gather data on the number of patients being treated in all clinics, as well as the type and the number of treatments the patient receives. A comprehensive survey of this kind will determine to a large extent physical limitations and the inadequacy of personnel relative to the need for intensive case work.

It is hoped that through the concerted effort of all these agencies, it will be possible to obtain a clearer picture of the problem in New York City and thus expedite remedial measures.

Dr. Walter Clarke, Director of the Bureau of Social Hygiene, Department of Health, New York City, said of this plan:

"If the practices and procedures which are here recommended were fully carried out in every syphilis clinic in New York City the effect upon the prevalence of syphilis would be immediate and spectacular. It should be the aim of all of us who are concerned with public health and with human welfare to urge the inclusion of adequate social case work in every syphilis clinic and the employment of personnel sufficient in number and in training for the provision of these necessary services."

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**Age of Syphilis in Europe and Characteristic Syphilitic Lesions Described by Greek Writers.**—Pierre Ménétrier. *Prophylaxis antivénérien*, Paris. Mar. 1936, VIII, 127.

Ménétrier in a lecture before the French Society for the history of medicine discussed the origin of syphilis. He quoted Jeanselme who believes that the disease was brought back from America by the sailors of Columbus. Ménétrier does not agree with this opinion and in support of his theory cites descriptions of aortic aneurysms from ancient Greek medicine as far back as the Alexandrian school. It is now universally acknowledged that aneurysms of the aorta are caused by syphilis and therefore there must have been syphilis in Europe long before the voyage of Columbus to America.

However, that does not prove that the expedition of Columbus to America had nothing to do with the great pandemic of syphilis that broke out in Europe soon after his return. His sailors in their contact with the natives probably infected a people who had never had the disease before resulting in an exaltation of the virulence of their own virus which they carried back to Europe.

## EDITORIAL

### A MESSAGE TO THE MEMBERS OF TWO IMPORTANT PROFESSIONS

With the exception of the doctor, no one comes more directly face to face with the whole reality of social hygiene than the nurse and the social worker. Both are constantly confronted with problems not only of prevention, relief and control of syphilis and gonococcal infections, but with conditions involving as well family relations, protective and recreational measures, and character education. To meet these problems they need all the understanding and knowledge that can be supplied from the experience of others who have grappled with them.

In planning the new national campaign for the prevention and control of venereal diseases, Surgeon General Parran has repeatedly emphasized the importance of the part which must be played by these two professional aids to the physicians and the health authorities, if permanent gains are to be made. It is partly in discharge of the Association's responsibility as the national agency for promotion of voluntary cooperation in this field, partly in answer to many requests and inquiries from nurses and social workers themselves, and wholly in good will and the hope that the material gathered will be of immediate and practical value, that we present this issue of the JOURNAL particularly to the devoted, industrious and skilful disciples of Florence Nightingale, Jane Addams and the other pioneers in these professions. At the same time, we have tried to select for publication articles and items of sufficient general interest to please the rest of our readers, and trust them to let us know how well we have succeeded.

All nurses and social workers—and all other interested men and women—are cordially invited to membership in the American Social Hygiene Association (annual dues, \$2.00), and are urged to make full use of the facilities and materials described in the last pages of this issue.



## NEWS AND ABSTRACTS

**The Persuasive Approach with the Infectious Carrier. A Study in Public Health Method.**—Louise Brown Ingraham. *Journal American Medical Association*, December 12, 1936, 107:1990.

The persuasive approach is the method used in contact tracing of syphilis at the clinic of the University of Pennsylvania Hospital. Its aims with the syphilis patient are to gain his voluntary disclosures of identities of recent sexual intimates, his voluntary services in personally recruiting them for medical examination, and his voluntary agreement to the performance of this service. On the part of the "contact" the objective is that he voluntarily seek medical examination for syphilis. A trial of this noncompulsive method has produced the following results: (1) Of 201 patients with syphilis, 114 identified 174 exposures, an identification rate of 1.5 per cent contacts per productive case. (2) One hundred and thirty-seven (80 per cent) of the 174 persons sought were located; 128 (73.5 per cent) were recruited for examinations. Since 128 of the 139 contacts located were persuaded to report for study, persuasion was 92 per cent effective when the individual contact could be personally reached. (3) The type of community has little effect on the response of individuals. (4) In addition to office interviews with patients to obtain information, home visits were required to complete arrangements for the examination of 57 contacts (44.6 per cent). (5) The communications of the clinic social worker instrumental in the accomplishment of the 128 examinations for syphilis cost \$5.22 per successful case. (6) Nearly three-fourths of the people who agreed to be examined reported to the clinic where the original case was discovered. (7) Of the identified out of town contacts, 53 per cent were eventually examined through the cooperation of outside agencies. (8) A brief delay in conferring with infected patients regarding exposures did not diminish but rather increased the successful identification of contacts. Sixty-two per cent of patients revealed usable information at times subsequent to their first visit to the clinic. (9) Protecting the informant's name from disclosure was advantageous in building confidence when proposing examination for syphilis. (10) Confidence and good will, the outgrowth of several years of professional acquaintance in one neighborhood, greatly augmented the identification of contacts and the speedy accomplishment of medical care of infected individuals. (11) A neighborhood study, included in detail, shows that the sexually promiscuous woman is often not a voluntary prostitute but is frequently the prey of unhappy social conditions.

**The Public Health Nurse in the Control of Syphilis and Gonorrhea.**—Gladys L. Crain. *Public Health Nursing*. January 1937, 29:5.

Unaccountably, the important part which nurses might play in the control of syphilis and gonorrhea, has not been recognized until

recently. These diseases must be managed through case-finding, adequate treatment facilities, control of the known case through education and follow-up, preventive medical measures, and persistent and universal education. Such a program is crowded with opportunities for the public health nurse.

By her very activity in the field of gonorrhea and syphilis control the public health nurse teaches that these diseases are a necessary part of family health work. For instance, the girl with gonococcal vulvovaginitis, if not hospitalized, needs home supervision, repeated demonstration of treatment, and the sane, unemotional viewpoint of a nurse who can assist the patient and the family to become adjusted to a situation which seems to them disastrous. Under their maternity programs nurses must be trained to have an alertness to factors in obstetrical histories which may be significant; skill in getting patients under medical care with as little delay as possible; ability to interpret findings to physicians or clinic; successful case-holding through instruction and encouragement of the patient; expertness in the use of community resources to further treatment; and perseverance in bringing familial contacts to medical attention.

Nothing can take the place in the preparation of the worker of up-to-date, exact, scientific and practical knowledge of all significant biologic and medical facts, epidemiologic considerations and approved methods of prevention, treatment and cure of syphilis and gonorrhea, as a foundation. The superstructure must be built on knowledge of local situation, understanding of professional relationships, clear thinking, and ability to cooperate with all kinds of people.

The author concludes this article, which is the first of a series to be published on this subject (see page 283), with a group of suggestive questions for staff discussion.

**Social Service as an Auxiliary in the Struggle Against Venereal Disease.**—M. Schoetzel. *Prophylaxis antivénérien*, Paris. October 1936, 8:534.

The author emphasizing the value of social service in the fight against venereal disease, writes:

Such a social service was established in France in 1924 in the St. Louis hospital and has extended to most of the other hospitals in Paris and to various other cities. In 1935 in Paris 7,486 patients who had been taking treatment irregularly were brought under regular treatment by the activities of the social service. Dr. Louste who established the social service at the St. Louis hospital writes that since the establishment of that service they have been able to keep 80 per cent of their patients under regular treatment while before that they lost track of 70 per cent of them.

England has a similar service with "medical hostels" for girls who have become diseased. They are cared for and led back to a normal life and provided with positions. The Union Internationale contre le

Peril Venerien has recommended the establishment of a similar social service in all countries.

**Study of the Social Rehabilitation of Paralytics Treated by Fever.**—Wolfram Kurth. *Monatsheften f. Psychiatrie und Neurologie*, Berlin. May 1936, 93:166.

There has been a great deal of discussion as to whether the patients treated for general paralysis by fever therapy ever become valuable enough members of society to justify the treatment. A good many physicians feel that the number of real permanent cures is very small. The author reviews the reports previously given in the literature and gives figures of his own collected from the various hospitals and private institutions of Berlin from 1927 to 1932. He studied a total of 3,561 cases. Of these 637 were not given fever treatment. The other 2,924 were given fever treatment. As the majority of the cases were treated by malaria no attempt is made to classify the cases according to methods of fever therapy. Among the 2,924 cases (2,041 men and 883 women) 755 are dead (486 men and 269 women) and 562 not cured (408 men and 154 women). The cases are divided into three groups. *Group I* includes those able to work with no visible defect or only slight defect; *group II* contains the socially unfavorable patients who live at home or in institutions and are not able to work or only to do slight work around the home or institution and the failures who simply vegetate in the hospitals. *Group III* shows the dead. In the author's table for final results the 289 from whom final reports were not received were divided proportionately among the three groups. Among the total 2,924 cases 833 or 28.5 per cent belonged in group I, 1,071 or 36.6 per cent in group II, and 1,020 or 34.9 per cent in group III. A wealth of detail is given in regard to the degree of working capacity and kinds of work done by the patients, showing the real social value of considerable numbers of these cured paralytics.

**The Importance of Hospital Treatment in the Struggle Against Venereal Disease.**—Joseph Guzman. *Prophylaxis antivénérien*, Paris. Feb. 1936, LXVIII, 184.

The author advocates the treatment of cases of early syphilis in the hospital. Many patients are too careless and ignorant to keep up treatment regularly if they are not hospitalized. And they do not refrain from sexual intercourse so that the disease is disseminated in the most infectious stage. Hospital treatment would not only secure more rapid and thorough treatment for the patient and protect him from the late effects of the disease but it would protect the public from infection.

The objection has been made that hospital treatment would be too expensive. This would be true if only the first cost were counted. But when the saving brought about by prevention of new cases and by avoiding the expense of later care of tabes and paralysis is considered, hospital treatment really proves cheaper in the long run as well as more effective.

**Syphilis and Gonococcal Infections in Children.**—Charles Walter Clarke. *Preventive Medicine*, New York. March 1937, 6:7. The author shows from his studies when consultant on syphilis to the office of Indian affairs and when on the commission to investigate the control of syphilis and gonorrhea in the Scandinavian countries and in Great Britain that there is a correlation between syphilis in the general population and congenital syphilis in the child population. This relation stresses the necessity for the diagnosis and treatment of syphilis in pregnancy. With correct treatment, begun not later than the middle of pregnancy and continued to the day of delivery more than 90 per cent of satisfactory results have been obtained, that is, children free from any clinical or serological sign of syphilis.

In the child infected in utero, syphilis is a systemic disease from its beginning. The spirochete has been found in practically every tissue of still-born syphilitic fetuses. With the living syphilitic child there are the classical pictures. Congenital syphilitic infants that survive the first year without treatment are in general cases in which the disease was older and less active in the mother. Latency in the mother is likely to be reflected in the child. The prevalence of congenital syphilis has been placed by most investigators at about 2 per cent of the live-born children.

Not all syphilis in childhood is congenital; there is a surprising number of cases in boys who have engaged in the practice of sodomy. Cases are reported as acquired from male pervers, and from abnormal practices in gangs of boys. In the large number of cases of gonococcal vaginitis in little girls, especially among the poor, 92 per cent show the source of infection is in the home, due to overcrowding and bad personal hygiene. The outstanding fact is, however, that children can best be saved from syphilis and gonococcal infections by the treatment of infected adults.

**Hygiene and Medicine on Board Ship.**—Dally, *Prophylaxis antivénérien*, Paris. Mar. 1936, VIII, 117.

This is a review of a book on hygiene and medicine on board ship published by the League of Red Cross Societies with the collaboration of the International Permanent Committee for the Welfare of Seamen. It is intended for the use of navigators who are obliged on voyages to treat medical or surgical cases as best they can with the limited resources available. It contains instruction not only in medicine but in hygiene with chapters on foods, vitamins and personal care in tropical and frigid climates. The prophylaxis and treatment of venereal diseases are discussed and the details of the international agreement for the treatment of seamen given together with the list of 800 dispensaries throughout the world which give such treatment.

**Syphilis in the American Negro.**—H. H. Hazen. *American Journal Syphilis, Gonorrhea & Venereal Diseases*, St. Louis. Sept. 1936, 20:530.

Hazen reviews the literature of syphilis in the Negro and presents data from various authors along with his own findings which

show to some extent the prevalence and distribution of syphilis among Negroes in the United States.

Syphilitic conditions which have been noted by various authorities as characteristic of the Negro race include the following: Annular and follicular lesions; condylomas or moist papules affecting nearly every Negro woman having florid syphilis; gumma, especially gummas of the tongue; enormously large lips due to lymphatic obstruction and perforated palates; and gummatous lymphadenitis, practically confined to the Negro race.

Syphilitic manifestations which appear more frequently in the Negro race than in the white race are: Iritis and lymph nodes; follicular lesions and flat papules (initial lesion); pereneal lesions (early cutaneous) larger than those in white women; nodular and serpiginous nodular (late cutaneous) lesions; hypertrophic mucous patches near the commissures (affections of the mouth); lesions of the aorta and of the aortic valves (cardiovascular syphilis); bone and joint syphilis (hospital assistance is usually requested on account of the pain of osseous syphilis); various eye syphilitic manifestations; more marked lymphadenopathy in latent syphilis; and late relapse of skin, bone and eye infections.

A few syphilitic conditions have been reported as rare in Negroes. Among these are: Leucoplakia of the severe type involving the tongue; Roseola or macular syphilis (except among mulattoes); palmar or plantar syphilides; extragenital chancres (initial lesions); syphilitic vitiligo (rare until after the second year); tabes relatively rare and paralysis very rare.

It is evident that additional research should be made regarding certain forms of syphilis. For example, mouth lesions have been reported rare or nonexistent by some authorities and frequent by others. Rectal stenosis is a condition which needs additional research. Syphilis of the coronary arteries and of myocardium needs more careful study. There is a scarcity of information regarding neurosyphilis in the Negro as well as in the white race.

According to the United States reports, the Negro population in 1930 was 11,891,143. Excluding professional men, government employees, business men, as well as home owners, it is probable that the potential clinic class is about 10,000,000. The number of syphilitics among these is probably about 2,000,000.

Practical important surveys made have been devoted to a study of syphilis among Negroes of the South. No data have been collected which shows the extent of the disease in the Negro of the North or of the West. However from various studies the fact is evident that syphilis is more prevalent in small industrial towns than in large cities and more frequent in urban than in rural districts.

It is obvious that Negroes in large cities need only a continuation of the present facilities for treatment. In small towns, especially in the South, improved facilities are greatly needed. It is only in the

South that the Negro is a true rural dweller and it is there that improved medical facilities are urgently needed.

The following requisites are suggested as necessary for a Negro dispensary: 1. Ease of access, possibly bus transportation in the country; 2. suitable hours, at least one evening a week; 3. paid staff, including physicians, nurses, and social workers. Transportation must be furnished the latter; 4. a staff well trained medically and sociologically; 5. kind and pleasant treatment always for the Negro patients; 6. means for transport of specimens for laboratory investigations; 7. facilities for urinalysis, examination of smears, and preferably dark-field examination, although the material for the latter may be examined in a central laboratory; 8. an inexpensive form of treatment; intravenous arsphenamine, bismuth salicylate injections, and mercury inunctions are essential; 9. printed instructions to be given to the patients, and these should always be read and explained to them; 10. a consulting staff for neurologic, cardiovascular, and eye cases; 11. arrangements for lumbar puncture; 12. emphasis on prenatal care; 13. careful storing of ampules of various drugs so that there is no possible confusion among them; and 14. a few available books.

According to local conditions the dispensary may be manned by a white or a colored staff. The physicians will need special training in the diagnosis and treatment of syphilis, and this can be indifferently done by means of local clinics or well done by sending the men to a completely equipped clinic.

**Progress in New York City in the First Three Months of 1937.**—Dr. Walter Clarke, Director of the New York City Health Department's Bureau of Social Hygiene, sends in the following interesting report:

During the first quarter of 1937, the cases examined in the Medical Advisor's Service increased by 25 per cent over new cases for the corresponding period of 1936. It is an interesting observation that of the cases examined this year, 51 per cent were diagnosed gonorrhea as compared with 45 per cent for last year. Increasing the facilities for the diagnosis and treatment of gonorrhea have been effective in improving case-finding.

A larger proportion of cases are now being referred to Health Department clinics for treatment: in 1937, 88 per cent of cases examined were transferred to department clinics for treatment as compared with 81 per cent for last year. This situation is probably the result of a proportionate increase in the number of patients who come to the Health Department of their own accord in response to publicity campaigns; there appears to be no significant decrease in the number of physicians who use Department consultation services.

A most interesting development of the first quarter of 1937 is that the number of dark-field examinations (738) increased 134 per cent over the same period of 1936. Apparently more early cases are being brought in for diagnosis.

The number of individuals registered in the treatment service in-

creased by 27 per cent; the total number of visits increased by 54 per cent. The average number of visits per individual for treatment was 8.7 this quarter as compared with 7.1 for the first quarter of last year. There are now 62 cases of Lymphogranuloma Inguinale registered for treatment; during the first quarter these patients made 470 visits for treatment.

The search for contacts is much more effective this year than last; although the number of patients registered for treatment increased by 27 per cent, the number of contacts examined increased by 65 per cent. Of the 1,029 contacts examined in the first quarter of 1936, 10 per cent were found to be infected as compared with 16 per cent among the 1,700 examinations made in 1937.

From January through March 1937, drugs amounting to 25,000 doses were distributed to 312 private physicians for 395 patients and to 26 hospitals for 1,547 patients.

As a result of a notice appearing in the *Daily News* on February 14, 1937, approximately 100 requests were received at Health Department clinics for names of private physicians recommended by the County Medical Societies.

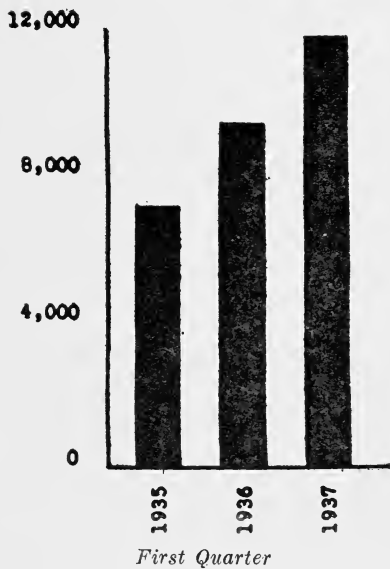
Dr. Clarke adds:

In addition to the facts given in the report, I should like to mention the following:

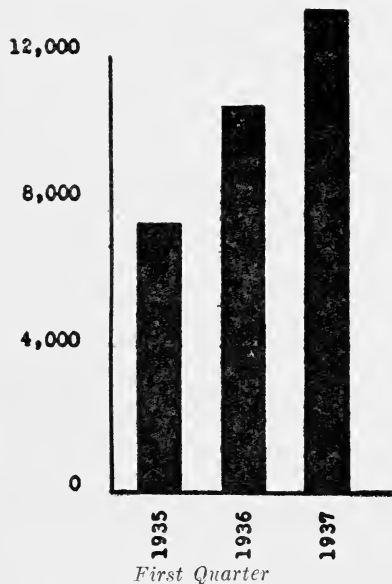
1. The Gonococcus Research Project, financed by the Milbank Fund and the New York Foundation, was begun on January 2nd, with the distinguished laboratory research worker, Dr. Alfred Cohn, in charge. Both the Bureau of Social Hygiene and the Bureau of Laboratories are involved in this important project.
2. All Security Act employees provided for in the Security Act Syphilis Project have now been employed. The positions filled are as follows:  
Assistant Director, in Charge of Education and Epidemiology  
Assistant Director, in Charge of Nursing and Social Work  
Statistician  
4 Medical Epidemiologists  
5 Nurse Epidemiologists
3. The files of all cases of syphilis and gonorrhea reported to the Department of Health since 1928, numbering about 500,000 reports, are being consolidated with the elimination of approximately 25% duplicate reports.
4. The popular educational work of the Bureau is in full swing, a total of 66 lectures having been given during this quarter to audiences numbering 7,300. The motion picture film *Science and Modern Medicine* and the talking slide lecture *For All Our Sakes* have been in constant use. An interesting item has been the showing of our syphilis exhibit in various public buildings to about 600 persons per day. About 1,600 pamphlets are distributed daily in connection therewith.

*Services, Social Hygiene*  
*First Quarter, 1935, 1936, 1937*  
*New York City*

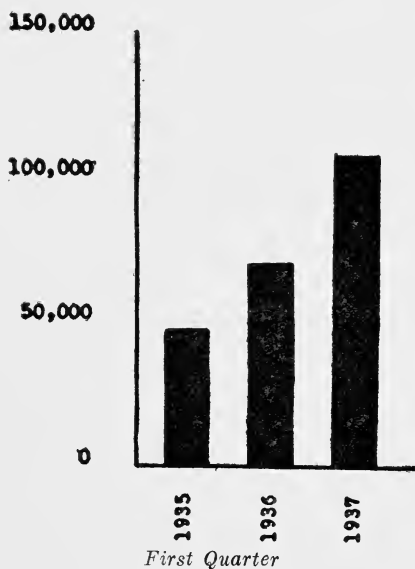
*Number of Individuals Registered  
 Treatment Service*



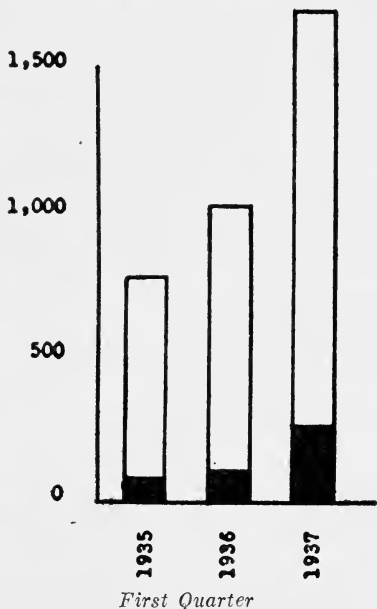
*Number of Cases Examined  
 Medical Advisory Service*



*Number of Visits  
 Treatment Service*



*Contacts Examined  
 Contacts Diseased*





5. During this quarter the Academy of Medicine's Institute of Syphilis attracted a considerable number of physicians. Bureau medical staff conferences, including two special sessions, one on *Syphilis in Pregnancy* and the other on *Cardio-vascular Syphilis* were held.

**New York City Firemen Candidates Are Given Blood Tests.**—In accordance with a recent ruling of the New York Fire Department the following letter was sent to prospective members of the Department by the Civil Service Commission:

March 15, 1937

Dear Sir:

The Fire Department has determined that it is necessary for those on the eligible list for appointment in its department be given X-ray and Wassermann tests by the Department of Health before being certified for appointment by the Civil Service Commission, in order to determine whether or not in these respects they are physically fit.

Accordingly before certification you will be notified to appear at the Department of Health, 125 Worth Street, New York City, where it will be necessary for you to be X-rayed for signs of tuberculosis and to be Wassermann-tested for syphilis. The Health Department will then report its findings to the Civil Service Commission which will promptly advise you as to the results by notifying you that you are either qualified for certification or marked *not qualified medically*.

This new precaution by the Fire Department will protect the public both against undiscovered and usually curable sources of infection and also against latent but possibly serious and costly physical disability in its fire force. It will also be added protection to the men found free from these diseases. Finally it will prove a blessing to men who are found in need of medical treatment.

If for any reason you aren't able to appear at the Department of Health when directed, you will be marked *not qualified medically* until you have taken the tests and been found free from the two diseases. If a certification is called for by the Fire Department before your X-ray and Wassermann tests have been completed, you will not be certified until the reports from these tests show that you are qualified for certification.

If by any chance tests show that you are not ready for certification, you will be marked *not qualified medically* and will be given a future opportunity to show by tests that you are qualified for certification.

The Commission asks that you make all your arrangements so that you can attend at the Department of Health at the day and hour specified in the notice to you so that you may retain your present place on the list and, if qualified, be certified promptly in your proper order.

Very truly yours,

(Signed) JAMES E. FINEGAN,

President, Municipal Civil Service Commission.

**An Insurance Company Considers the Problem of Syphilis Among its Policyholders.**—The growing trend toward recognition of the health hazards resulting from syphilis and the possibility of combating them through proper medical treatment is illustrated by a recent letter directed to the Medical Examiners of the Equitable Life Assurance Society over the signature of Dr. Robert M. Daley, Medical Director. We quote in full:

April 20, 1937

To Our Medical Examiners:

The Medical Bureau of the Equitable is heartily in favor of the activities toward the cure and eradication of Syphilis and Gonorrhea undertaken by the United States Public Health Service with the cooperation of the American Public Health Association, the American Social Hygiene Association and many other welfare organizations. This campaign of publicity and education will without question produce far-reaching results by bringing to the attention of the laity the seriousness of such diseases. Also, by teaching the necessity of skilled observation and treatment over an extended period of time, it will tend

to counteract many of the popular lay fallacies and encourage such patients to consult their physicians promptly and continue treatment until discharged.

The death rate among policyholders with a history of syphilis (policies issued mostly with an extra premium) is roughly one and one-half times that of healthy insured lives. There is a much larger class where a previous history of syphilis has not been admitted, or where the infection has occurred after the insurance was purchased, whose extra mortality is absorbed in the general mortality of the Society. Death and Disability Claims due to certain diseases of the cerebrospinal and circulatory system, indicate such history. Naturally, any measures taken to effect a cure of those so infected, or to reduce the incidence of such diseases, will reduce the morbidity and mortality losses.

Insurance companies are formed to provide an indemnification against loss by death on lives presumably healthy at the time the insurance is taken. At present the extra mortality experience on lives with a history of syphilis excludes them generally from standard insurance, and those who do obtain such insurance by denying such infection are perpetrating a fraud. May it not be said that a policyholder who becomes infected should, in all honesty, undergo thorough treatment so that he may not impair his life expectancy?

Because of the lack of thoroughness the older methods of treatment frequently failed to cure. It is hoped and expected that such modern procedures as outlined by Dr. John H. Stokes et al. (*Journal American Medical Association*, April 21, 1934, page 1267) and endorsed by Dr. Thomas Parran, Surgeon General U. S. P. H. S. and his Committee on Venereal Diseases (see *The Control of Syphilis—a Symposium*, Public Health Service, U. S. Treasury Department) will reduce and possibly eventually eliminate the extra mortality and morbidity from this disease.

We are accordingly reviewing our method of selecting lives with a history of syphilis and ask your cooperation in such cases to the extent of giving us a more detailed statement regarding the history and the nature and duration of treatment.

Yours very truly,

ROBERT M. DALEY, M.D.,  
Medical Director.

**Social Hygiene in the Summer Sessions.**—Students and workers desiring to combine vacation recreation with intensive training in social hygiene will find excellent opportunity this year in the summer courses offered in a number of progressive and conveniently located institutions. Among those of which we have been informed are:

**Teachers College, Columbia University.** Three courses.

*Biology 103—Biology and society: Heredity and environment.* Professor M. A. Bigelow.

This introductory course in social biology is adapted to students of education who have had no college biology, as well as to those who have had biology courses without heredity, eugenics, and other biological facts with special reference to their social bearings. The course presents by popularized lectures, illustrated by more than four hundred lantern slides, the chief facts underlying human relations in the family and in society in general. The central theme of the course is heredity and environment in social relations, but some lectures will deal with the subordinate topics, such as eugenics, population control, essential facts of reproduction, social-biological relations of sex, endocrines in relation to health and behavior, and biology in social hygiene.

*Social Science 196—Family and social relations.* Professors Helen Judy Bond and M. A. Bigelow, and special lecturers.

This course consists of lectures, reading, and discussion of modern problems and current criticism of the monogamic type of family considered as the foundation of society.

*Social Science 198—Social hygiene and sex education.* Professor M. A. Bigelow and special lecturers.

The outlines of social hygiene, including sex education, will be presented with reference to the general needs of parents, teachers, and advisers.

**New York University**, through Chautauqua Summer Schools, will have its usual course on *Social Hygiene Education*, given by Dr. Mabel Grier Leshner. For further information address the Secretary of Instruction, Chautauqua, New York.

**Pennsylvania State College** will sponsor its *Fifth Annual School of Family Relationships*, in cooperation with the Pennsylvania Federation of Clubwomen. June 14 to 18. For details address H. G. Pyle, State College, Pa.

**The University of Vermont**, Burlington, Vermont, offers for the first time a course on *Human Relationships and Family Life*, to be given by Mrs. Frances Bruce Strain of Cincinnati, July 6 to August 13. The catalog announcement reads as follows: "This new course is offered in response to a growing interest in the field of human relationships—those existing between parent and child, husband and wife, young men and women, as well as the broader relationships of these people to society. A basic but practical approach will be made through discussions of the family of today, the biological development of the individual, his emotional needs, his social handicaps and adjustments, as well as his preparation for marriage and family life. There will be opportunity for conferences and individual contributions to the class room discussions. This course will give teachers an understanding of problems arising in families from which their pupils come. *Two semester hours credit. Tuition fee \$18.00.* For further information address Professor Bennett C. Douglass, Director of the Summer Session, Burlington, Vermont.

The University will also sponsor the second *Vermont School of Family Relationships*, to be held August 3 to 6, under the auspices of the Division of Parent Education of the State Department of Education, the Vermont Federation of Women's Clubs and other state official and voluntary groups. The first sessions of this *School*, held last summer at the University, drew a large and interested attendance which included parents, educational workers, social workers, ministers, youth leaders and many others. The four-day course included lectures, a series of panel discussions and general discussion of the whole group. The same procedure will be followed this year, under the general subject *Freedom and Authority in the Family*. For further information address Mrs. Martha P. Buttrick, Director Parent Education, Montpelier, Vermont.

## NEWS FROM OTHER COUNTRIES

**The Effect of the World Economic Crisis on Prostitution.**—Sybil Neville-Rolfe. *Prophylaxis antivénérien*, Paris. Feb., 1936, VIII, 93.

The author sent a questionnaire to the national anti-venereal disease committees in regard to the family conditions of prostitutes in their respective countries, the increase of venereal disease in the areas where unemployment is greatest, the increase in the number of prostitutes or their movement from city to city and the development of the white slave trade.

From an analysis of the replies she concludes that there is no proof that poverty in itself is a cause of prostitution but it is certain that an unstable economic condition coinciding with an offer of considerable sums of money tends to draw young girls into prostitution. There was no indication of an increase in the white slave traffic except in Germany and Uruguay. In no country was there an increase in the number of women living by professional prostitution as a result of the depression and unemployment. In some countries there has even been a decrease in their number as a result of men not having the money to gratify their desires.

There has been no increase in the number of new cases of venereal disease. On the contrary in the majority of countries there has been a decrease in the number of fresh cases of syphilis. Nevertheless unemployment is a great danger. Where there is continuous and hopeless unemployment there is an inevitable decrease of personal values which leads to loss of stability and self-respect. Despair in regard to the future is a demoralizing factor in present-day life and without doubt has led many women into an irregular sexual life.

Several countries called attention to the number of abnormal or semi-normal young girls who become professional or clandestine prostitutes.

Prostitution belongs to a past age. Its economic value decreases as public opinion becomes more informed in regard to its anti-social and anti-hygienic effects. In countries where the exploitation of women for the financial advantage of a third party has been made illegal prostitution has decreased greatly.

The practical needs of the present time are: Education of adolescents in social hygiene; the creation of an organization for the rehabilitation of normal adult prostitutes; the institution of legal measures for the social protection of abnormal and semi-normal men and women; the organization of educative and social measures to prevent men demanding and panderers procuring prostitutes for commercial purposes.

**Great Britain.—The British Social Hygiene Council Is Twenty-one Years Old.** The twentieth annual report of the Council, covering the year ending May 31st, 1935, has recently been issued in printed form, and celebrates suitably the coming of age of the organization. Progress has been made along the several lines of action through which the Council achieves its results, and is carefully reported; but even more interesting to the social hygiene worker is the estimate of what remains to be done, as summarized by the Council's Secretary-General, Mrs. Sybil Neville-Rolfe, in her introductory statement:

In the medical field, determined efforts, both medical and administrative and social are still required before the birth of any congenitally infected infants can be prevented and the burden of inherited preventable disease removed from the shoulders of future generations. The absence of such effective preventive measures in the past results in a number of children of school age carrying this burden of incipient disease. If the tragic consequences are to be prevented, such children must be recognized and brought under medical care before puberty.

The work of the Almoners or trained workers attached to the treatment centers has proved of the utmost value both in the prevention and cure of disease. Young infected persons coming to the centers can in confidence be given social assistance that will secure continuity of treatment and prevent reinfection, and contacts with the infected can be sought out and persuaded to accept medical care. In spite of the proved advantage of this extension of the scheme, less than a quarter of the treatment centers have been provided with the additional personnel.

Propaganda among the adult population must be steadily maintained and new methods devised for arousing interest.

In the young people a desire for the attainment of a high standard of positive health must be fostered, and for this a foundation of elementary biological and physiological knowledge, on which can be based a sense of personal responsibility in the exercise of the reproductive functions, is essential.

Our special concern as rate-payers for the care of children and young persons under the Public Assistance Authorities, and indeed of all children removed by circumstances from parental care, is recognized. The danger of disease, illegitimacy and sex maladjustment in later years among children reared in such conditions makes this a special problem of social hygiene.

Today the maintenance by personal choice of the partners, of a stable home life needs every social assistance possible. More than half of those seeking treatment at the centers are married persons—a sure indication of an unhappy or maladjusted partnership.

A biological background to formal education is an essential foundation for a permanent change in outlook on matters of public and personal health and to a reasoned sanction for a high standard of sex conduct.

Evidently social hygiene problems in England and the Empire are about the same as those in the United States, and the trend of efforts towards their solution similar, as witness in both countries the increasing interest and confidence in education as a foundation for successful marriage and family life. A section of the report concerning the Council's marriage program says: "A concerted endeavor should be made to bring before all those intending marriage the desirability of their entering the married state with full recognition of the possibilities of personal happiness and the genetic purpose and responsibility of marriage, its social implications, an adequate knowledge of the physiology of sex, the hygiene of marriage and of their own physical fitness for marriage." General teaching of marriage as it affects all young people as citizens, whether or not they ultimately marry, is also considered desirable.

The society has also continued its work in the field of health education, through films, lectures, books and pamphlets. Special mention is made of the success and helpfulness of the branch of the work dealing with advertisements in the newspapers. The subject matter during the past year has been on similar lines as previously, dealing with venereal disease, the need for sex instruction, and problems of marriage and sexual conduct. The space taken in the provincial press has however been greatly increased, and an effort made to cover the whole of England and Wales in the national and local papers.

The Council has continued to sponsor showings of the drama film, *Damaged Lives*, with the accompanying lecture, and also sponsored during the past year a new commercial film entitled, *Shall the Children Pay?* A new dramatic sound picture entitled *Trial for Marriage* has been produced by the Council itself and has been favorably received. The organization continues to operate several motor vans equipped for film showings, and a new departure has been a type of exhibit illustrating one or possibly two points in the social hygiene program. These have been shown in connection with general health exhibits arranged by the Central Council for Health Education in large stores and other public places.

The Council has distributed free 215,251 books and pamphlets, and saleable literature totals 36,109 items more. The number of meetings arranged in cooperation with headquarters has been 820, with a total audience of 113,560.

# Social Hygiene and the Family Case Worker

Pamphlets, Books, Films and Exhibits Especially  
Selected for Use by the Nursing and Social  
Work Professions

## Pamphlets

(Unless otherwise indicated, published by the American Social Hygiene Association and free to Association members. Price to non-members 10 cents per copy, or as stated. Special set of 15 pamphlets, your own selection, \$1.00. Scrapbook containing complete set of Association pamphlets listed, charts, and folders, \$3.00. *All prices plus transportation.*)

### The Community Problem

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<i>The Social Hygiene Program—Today and Tomorrow</i> , C. E. A. Winslow	832
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<i>Syphilis and Social Security</i> , W. F. Snow.....	A-11
<i>The Public, the Doctor and the Syphilis Problem</i> , John H. Stokes....	960
<i>The Newest Generation</i> , W. F. Snow.....	A-3
<i>The Next Great Plague to Go</i> , Thomas Parran. Reprint from Survey Graphic. 10c.	
<i>Notes for a Talk to the General Public on Syphilis and Gonococcal Infections</i> , Walter Clarke. 5c.....	995

### Gonorrhea

<i>Gonorrhea in the Female</i> , W. M. Brunet and R. L. Dickinson. United States Public Health Service. 5c.	
<i>Gonococcus Infection in the Male</i> , P. S. Pelouze. United States Public Health Service. 5c.	

### Special Venereal Disease Problems

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<i>Some Undesirable Habits and Suggestions as to Treatment</i> , J. Taft. National Committee for Mental Hygiene. 15c.	
<i>Growing Up in the World Today</i> , E. V. Clapp. Massachusetts Society for Social Hygiene. 20c.	
<i>Betrothal</i> , Paul Popenoe.....	972
<i>Guiding the Adolescent</i> , D. A. Thom. U. S. Children's Bureau. 10c	
<i>Marriage and Morals</i> , Henry Neumann.....	982

### A Summary

A series of articles by Gladys L. Crain, R.N., appearing currently in *Public Health Nursing* will replace the former publication *The Nurse in Control of Syphilis and Gonorrhea* recommended in previous editions of this reading list. Four of this series have already appeared, in the 1937 issues mentioned:

- Part I. *The Public Health Problem.* January.
- II. *Syphilis—Some Medical and Historical Considerations.* February.
- III. *Familial Syphilis.* March.
- IV. *Syphilis—Diagnosis and Treatment.* April.

The series as planned will carry through August making eight in all, and it is expected that they will be reprinted together in pamphlet form. Tentative titles are:

- V. *Questions on Syphilis—May.*
- VI. *Article on Gonorrhea—June.*
- VII. *Questions on Gonorrhea—July.*
- VIII. *The Role of the Nurse—August.*

### Books

(The Association will be glad to secure any of the book publications mentioned, on request.)

#### The Community Problem

*Venereal Diseases—Their Medical, Nursing and Community Aspects*, William F. Snow. New York, Funk and Wagnalls, 1937. 98 p. 35c. (*National Health Series*)

*A Curriculum Study in Social Hygiene*, Mae D. McCorkle. (*Mimeographed.*) American Social Hygiene Association and National League of Nursing Education. Prepared especially for use in training schools for nurses. Contains a detailed bibliography. 70c postpaid.

#### Problems Relating to Syphilis and Gonorrhea

*Dermatology and Syphilology for Nurses*, J. H. Stokes. Philadelphia, W. B. Saunders Co., 1935. 368 p. \$2.75.

#### Sex and Social Conduct

*Sex and Common Sense*, A. Maude Royden. New York, Putnam, 1922. 211 p. \$2.50.

*So Youth May Know*, Roy E. Dickerson. New York, Association Press, 1930. 255 p. \$1.25.

#### Sex Education and Training for Parenthood

##### Child Training

*Parents and Sex Education*, B. C. Gruenberg. New York, Viking Press, 1932. 112 p. \$1.00.

*Growing Up*, Karl de Schweinitz. New York, Macmillan, 1928. 111 p. \$1.75.

*Being Born*, Frances B. Strain. New York, Appleton, 1936. 144 p. \$1.50.

### Adolescence and Its Problems

*Normal Youth and its Everyday Problems*, D. A. Thom. New York, Appleton, 1932. 368 p. \$2.50.

*Adolescence: Educational and Hygienic Problems*, M. A. Bigelow. New York. Funk and Wagnalls, 1937. 99 p. 35c. (*National Health Series*.)

### Marriage and Adult Problems

*Modern Youth and Marriage*, Henry Neumann. New York, Appleton and Co., 1928. 146 p. \$1.50.

*The Sexual Side of Marriage*, M. J. Exner. New York, Norton, 1932. 252 p. \$2.50.

*Premarital Conference*, Institute of Family Relations, Los Angeles, 1935. 16 p. 50c.

*A Marriage Manual*, Hannah and Abraham Stone. New York, Simon and Schuster, 1935. 344 p. \$2.00.

### Methods and Objectives of Sex Education

*Social Hygiene in the Schools*. White House Conference on Child Health and Protection. New York, Century Co., 1932. 59 p. 50c.

*New Patterns in Sex Teaching*, Frances B. Strain. New York, Appleton-Century, 1934. 241 p. \$2.00.

### Exhibits

*Social Hygiene and Family Case Work*. Ten charts showing relation of nursing and social work to social hygiene. 17 x 22 inches, black and white, \$1.00. Colored, \$5.00. Miniature sets, black and white, 10 cents each, or \$1.00 per dozen.\*

*Stamp Out Syphilis*. Eight pictographs from Surgeon General Parran's *Survey Graphic* article, July, 1936. 17 x 22 inches, \$1.00 per set. Mounted on colored card-board, \$3.00. Miniature sets, 20 cents.\*

*Exhibit Screen*. Three panels, heavy blue card-board, size 2½ x 3½ feet. Display of selected social hygiene pamphlets et cetera. Price \$3.00.\*

*Scrapbook*—The American Social Hygiene Association pamphlets and charts contained in the above reading list. For reference or display, \$3.00 plus transportation.\*

### Films

For list and description of silent and talking Social Hygiene Films, ask for *Social Hygiene Motion Pictures*. Pub. No. 980 (*free*). Also free, folder on talking slide film *For All Our Sakes*.

\* Also on loan, no charge except transportation.



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### VENEREAL DISEASES AND THE HUMAN RACE \*

WILLIAM F. SNOW, M.D.

*General Director, American Social Hygiene Association*

The "venereal diseases," especially syphilis and gonorrhea, are also called "familial diseases," because they are widely spread by intimate contacts within the family as well as through extra-marital sexual promiscuity. In whatever ways the infections are transmitted, however, the disastrous effects upon family life and upon the whole status of the population are many and varied, and both direct and indirect. These effects may be considered under four major headings: (1) as a cause of sickness and death; (2) as a cause of sterility; (3) as a factor in prevention or annulment of marriage; and (4) as a factor in the disorganization of family life.

#### *Data Difficult to Obtain*

The serious implications of these diseases make their widespread prevalence of extreme consequence in human existence. While we do not have exact statistical knowledge of any disease, accurate figures on the venereal diseases are even more limited, for several reasons. Unlike typhoid fever or smallpox, for example, the onset and early course of syphilis and gonorrhea are usually not striking or dramatic. Too often the infected person is unaware of his infection. Half or more of the persons found to have syphilis during routine physical examinations or blood test surveys do not know they are infected. The symptoms of gonorrhea also may go unnoticed, especially in women and in infections of old standing in men. Still other persons, while knowing of their infection, through shame or ignorance attempt self-treatment or go to "advertising specialists."

\* Reprinted from *The Annals* of the American Academy of Political and Social Science, Philadelphia, July, 1936. A few minor changes have been made.

However, despite these handicaps, we are beginning to accumulate a body of useful information as to the size of the venereal disease problems in this country. Both diseases are notifiable in practically all the states, and although many physicians and some clinics for various reasons fail to report any or all positive diagnoses, the number of syphilis cases reported to the Government in 1935 topped that of all other notifiable communicable diseases except measles, scarlet fever, and chicken pox. Gonorrhea stood seventh in rank, due to much greater laxity in reporting and failure to consult physicians.

For both syphilis and gonorrhea, the censuses of cases under treatment in various communities on a given day have provided the most comprehensive picture of prevalence. These studies, made by the American Social Hygiene Association and the United States Public Health Service with the cooperation of local health agencies and physicians, have demonstrated that at any time there may be found in the United States at least 683,000 syphilis cases and 493,000 gonorrhea cases under treatment or observation by licensed physicians, including both new and old infections. Based on these findings it can be said also that approximately half a million persons each year seek treatment for the first time for early syphilis and over a million for acute gonorrhea. These figures do not include infected persons not under the care of doctors. Data collected by the Association reveal at least double this number buying patent remedies in drug stores or going to unqualified and illegal practitioners. In addition to these, the large group of infected persons not receiving any treatment at all can only be guessed at.

### *Rates of Prevalence*

Knowledge of the actual number of syphilis cases in the population is obtained chiefly through routine blood testing of large numbers of individuals. Many supposedly healthy groups have been so tested in connection with obtaining licenses for employment, or routine medical examinations for health services of one kind and another. These groups have included food handlers, drivers of public conveyances, barbers, domestic servants, farmers, coal miners, chemical workers, high school and college students, and applicants for marriage licenses. The rates recorded have ranged all the way from less than 1 per cent to as high as 25 per cent.

The figures have varied widely, apparently being affected by many social, economic, and other factors. For example, there is no doubt that a higher disease rate prevails among the group of people who attend clinics; these clinic cases constitute about 40 per cent of all venereal cases under known treatment. Among Negroes the syphilis rate is said to be four to six times what it is among the other racial groups as a whole. There is a higher rate in cities than in rural communities. About one and one-half times as many men as women are infected. The peak age group of infections occurs in young adulthood, between the ages of twenty and twenty-five years. Half of all the infections occur between 20 and 30 years of age.

Allowing for the relative proportions of these various groups, it is estimated that 5 per cent, or one in twenty, infected with syphilis is a conservative measure among men, women, and children in the whole population. Some public health authorities, on a different basis, have placed the figure somewhat higher. Dr. Thomas Parran, Surgeon General of the United States Public Health Service, has made the statement, "One adult in ten is infected by syphilis at some time during his or her lifetime."

In regard to gonorrhea our figures are not so satisfactory or definite. Unlike syphilis, with its blood and spinal fluid tests, there are no comparatively simple and positive ways to discover the presence of gonorrheal infection in large sample groups of the population. Where opportunity exists for adequate examinations and follow-up of large numbers of men, gonorrhea is found to be far more prevalent than syphilis. In the Navy, for example, there are almost three cases of gonorrhea to one of syphilis, and among the younger men in the Navy the ratio is over six to one.

In 1930 Pelouze stated:

It is estimated that from 60 to 90 per cent of all males in large cities have gonorrhea at some time during their lives; that 20 per cent of all married men contract the disease at some time during their married lives and of these almost half infect their wives.<sup>1</sup>

Many observers believe such figures to be incredibly high, but concede that they may be applicable to special groups under educational, industrial, and social conditions obtaining in certain cities.

#### *Venereal Diseases as a Cause of Damage to the Human Race*

These diseases maim and cripple, and in many cases bring death to the sufferer. Syphilis requires prolonged and competent treatment. To have the best chance of cure, such treatment must be begun as soon after infection as possible. Probably only one in ten manages to begin treatment within the first week or two. Over half do not apply to physicians until a year or more after infection. At that time chances for cure are less than 50 per cent of what they would have been had treatment been begun in the seronegative primary stage.

Without proper treatment, from 2 to 5 per cent of cases end in paresis or general paralysis of the insane; and of all admissions to institutions for mental disorders, over 10 per cent are due to syphilis. Locomotor ataxia is also an outstanding form of late syphilis, which hopelessly cripples, then usually soon ends in death. Syphilis is the underlying cause of 10 per cent or more of all incapacitating heart diseases, many of which lead to death. The Metropolitan Life Insurance Company says that without heart disease as a factor, the average length of the life span would be longer by two years. Syphilis attacks the kidneys, the stomach, the liver, and other vital organs.

<sup>1</sup> P. S. Pelouze. Quoted in "Survey of Research on the Gonococcus and Gonococcal Infections," Supplement to *Amer. Jrl. of Syphilis, Gonorrhea and Venereal Diseases*, Vol. 20, No. 1 (pp. 1-179, Jan. 1936), p. 9.

No part of the body is free from its depredations. Everything considered, there is no doubt that syphilis is a leading cause of death and well deserves the title of a King of Killers, recently bestowed upon it by Dr. Ray Lyman Wilbur. It is responsible for 15 per cent of all blindness. Deafness is a frequent result.

In its power to destroy life before birth, syphilis is unique among infections. When syphilis is present in the pregnant woman, without treatment the infant *in utero* will be infected in at least five out of six cases. Among several thousand prenatal clinic patients, for white women the average rate of infections discovered was about 6 per cent, and for Negro women, 18 per cent. A group of physicians in private practice reported prevalence rates up to 3.5 per cent. Under these conditions, stillbirths result four times as often as in pregnancies of healthy women. In a large group of premature births syphilis was the cause in about one-fifth of the cases. Dr. John H. Stokes states on good evidence that the birth rate in syphilitic families is only a little more than half as high as that in the general population.<sup>2</sup> This is in spite of the fact that syphilitic women have been found to conceive more frequently than average fertile women. Fetal deaths in syphilitic families are two to three times as frequent as in non-syphilitic families. Even when born alive, the infant's chances of dying are greater than those of the non-syphilitic child, although the toll of infant deaths due to syphilis is not so high as has been popularly supposed.

Estimates of congenital syphilis in the population differ according to the experience of the observers. Stokes believes that 3 to 5 per cent of the whole child population has congenital syphilis. Jeans and Cooke found in St. Louis that 5 per cent of children born into families of the poor had syphilis, while children of the well-to-do exhibited a rate of less than 1 per cent.<sup>3</sup> The proportion decreases as it ascends the age scale, because the mortality rate is high among infants. On this basis, 1 to 2 per cent is estimated as a conservative figure for congenital syphilis in the general population.

These manifestations illustrate the terrific power for damage to the human race inherent in the syphilis organism, and suggest the enormous cost in money for caring for these crippled and sick people and for their dependents.

Gonorrhea ranks low as a direct cause of death, although in the opinion of many authorities it should be reckoned with as a killer to a greater extent than it usually is. This disease, however, often incapacitates the infected person to the extent that work is impossible. Of all the time lost on account of sickness, in both the Army and the Navy, gonorrhea provides the greatest number of days. These figures are an indication of the effect of this disease upon the health and the earning power of infected persons in the population as a whole. When complications develop, the condition may be

<sup>2</sup> John H. Stokes, *Modern Clinical Syphilology*.

<sup>3</sup> P. C. Jeans and J. V. Cooke, *Prepubescent Syphilis*.

serious, often necessitating hospital care and surgical treatment, particularly for women, and producing gonorrheal arthritis and many other painful and crippling results. In women infection in the abdominal cavity may cause a fatal peritonitis. In both men and women, sterility may result. In the newborn, "babies sore eyes," ophthalmia neonatorum, is due to gonorrhea in one half to two-thirds of cases. Of all blindness, perhaps 2 to 3 per cent is caused by infection at birth. If the germs get into the eyes, at a later age, as they may through carelessness, gonorrheal infection may also cause partial vision impairment, and even complete blindness.

### *Venereal Diseases as a Cause of Sterility*

Syphilis influences sterility—particularly congenital syphilis—although the latter is not generally thought of in this connection. Stokes found 30 to 40 per cent sterility in the families under his care; the Solomons, 23 per cent.<sup>4</sup> This is two to three times the incidence of sterility among United States women of similar social status not having syphilis. As Stokes points out, however, some of the sterility in his group may have been due to unrecognized gonorrhea.

Gonorrhea has long been called the "sterilizer of the race." Wolbarst says:

In the male, sterility is produced most commonly as the result of epididymitis; latent gonorrhea of the prostate and seminal vesicles may accomplish the same result through chronic infection and deterioration of the seminal fluid. In the female, childlessness most frequently depends upon the presence of metritis, cervicitis, and salpingitis, all of which may develop as a consequence of gonococcal infection. Of all cases of childless marriages, the husband is the sterile member in about 40 per cent of cases, and of these, gonorrhea is responsible for the sterility in about 60 per cent of all cases.<sup>5</sup>

Medical writers generally assign a large proportion of sterility to this cause, but authentic records are hard to find. Dickinson and Brunet hazard the guess that

in women gonorrhea is the underlying cause of at least a third of the cases of sterility relative or absolute. If male sterility is added, the proportion of sterile unions attributable to this cause is increased. As sterility is reported to affect from one to six or ten marriages in the United States, the numerical importance of gonorrhea as a causal factor may be appreciated.<sup>6</sup>

Keyes says gonorrhea "causes fully 50 per cent of the involuntarily sterile or one-child sterile marriages."<sup>7</sup>

### *Venereal Diseases in Prevention of Marriage*

That the venereal diseases are recognized by law as a threat to the welfare of the race is shown by statutes in twenty-three states. Prevention of the marriage of persons infected with a venereal disease is

<sup>4</sup> H. C. and M. H. Solomon, *Syphilis of the Innocent*.

<sup>5</sup> A. L. Wolbarst, *Gonococcal Infection in the Male* (297 pp., St. Louis: Mosby, 1930), p. 21.

<sup>6</sup> Walter M. Brunet and Robert L. Dickinson, "Gonorrhea in the Female," *Venereal Disease Information*, Vol. X (pp. 149-169, April 20, 1929), p. 150.

<sup>7</sup> Edward L. Keyes, *Urology* (763 pp., New York: D. Appleton-Century Co., 1928), p. 663.

attempted chiefly by: (1) requiring the male applicant for a marriage license to file a medical certificate showing freedom from venereal diseases: (2) requiring both applicants for marriage licenses to file personal affidavits of freedom from such infections; or (3) prohibiting the marriage of infected persons. Alabama, Connecticut,<sup>8</sup> Louisiana, North Dakota, Oregon, Texas, Wisconsin, and Wyoming fall into the first group. Delaware, Indiana, Maine,<sup>9</sup> Michigan, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Utah, Vermont, Virginia, and Washington fall into the second and third groups.

Recent statements from health officers in eight of these states indicate (in the absence of statistics) that there exists a general impression that many marriages of infected persons are either being prevented entirely by the operation of these laws or being postponed pending treatment and cure of the infected individuals involved. It is believed that the effects of the laws in these states have been cumulative, the benefits being increased as public education on the subject has brought about better understanding and acceptance of the purpose of the laws. Indeed, there is evidently a growing sentiment for general medical examinations of both parties before marriage which shall include search for syphilis, gonorrhea, tuberculosis, and other diseases and defects of importance to the new family.

Such routine adequate examination of all persons about to marry would not only protect offspring from important physical and mental handicaps, but would also improve the economic position of families by preventing large outlays for medical treatment. The treatment of syphilis, particularly, is long and expensive for the family with limited income. Failure to complete treatment, as well as failure to apply at the outset, is due largely to these reasons.

### *Venereal Diseases as a Cause of Family Disorganization*

Venereal diseases may enter the scene of married life as a result of infection before or after marriage. Not only do these diseases work towards undermining the health of whomever they may infect, but under present conditions and lack of public understanding they are accompanied by furtiveness, shame, attempts at concealment, fear of infecting or being infected, disgust and loathing, and a sense of outrage that the infected one has exposed the other members of the family to such misery and danger. Even when separation, annulment of marriage, or divorce does not follow, family harmony and morale are impaired.

Many practitioners do not treat venereal diseases in private practice, because they will not face the necessity of informing the family of the patient; or unfortunately, if they do treat cases, they refuse to accept any responsibility for protecting or aiding any other members of the family or the community by efforts to discover and induce

<sup>8</sup> Both male and female; a negative blood examination for syphilis being required for each contracting party within forty days of the marriage.

<sup>9</sup> Syphilis only.



those possibly exposed to be examined and, if necessary, treated. Public opinion is slowly changing this attitude and encouraging both physicians and patients to cooperate with the health officials and the public in this matter.

Just as laws to prevent the venereally diseased person from marrying are increasing, so statutes are appearing in certain states for protection of the family after marriage. In Utah, the marriage of persons having a venereal disease is void. Such marriages may be annulled in New Hampshire, Michigan, Vermont, and Wisconsin. By interpretation of the courts in other states, venereal disease has been held as a cause for divorce, annulment or voidability, as "cruelty," or in cases of concealment at the time of marriage, as "fraud."

### *Effect of Sexual Abnormalities*

Sexual deviations or abnormalities may be physical and physiological as well as psychological. These include abnormalities in the structure of the reproductive system, and deviations of the mind away from normal hetero-sexuality. Physical and pathological causes of sterility not resulting from attacks of the venereal diseases are numerous and complex. Likewise, physiological and psychological disturbances and practices leading to inhibition or impairment of satisfactory functioning of the sexual systems of men and women are accountable for failures to marry and for the disruption of marriages, with attendant lessening of birth rates.

Finally, the homosexual groups proper probably comprise more individuals than is commonly recognized, since little attention has been given the subject until recent years. Hirschfeld in Germany found that estimates of the proportion of such persons in different classes of the population vary between 1 and 5 per cent.<sup>10</sup> Havelock Ellis states that his observation in England indicates a similar prevalence in the educated middle class, but even greater frequency in the lower social classes, and hardly less among women than among men. In the United States Davis<sup>11</sup> and Hamilton<sup>12</sup> have shown in small groups of persons under study, surprisingly high figures of various degrees of homosexual practices. After careful observations on the subject in New York City, Brill decided that he could not venture a definite percentage estimate.<sup>13</sup> His studies, however, revealed true homosexuals in all kinds of social environments, and many degrees of sexual practices and maladjustment not properly classifiable under homosexuality. The creation in New York in 1935 of a responsible Committee of the Study of Sex Variants gives promise of important new information on this subject resulting from well-planned research which is now under way.

While no adequate data are available as yet, there seems to be no doubt that whatever may be the motives and conditions—pathological,

<sup>10</sup> Magnus Hirschfeld. Quoted in Havelock Ellis, *Studies in Psychology of Sex*.

<sup>11</sup> Katharine B. Davis, *Factors in the Sex Life of 2,200 Women*.

<sup>12</sup> G. V. Hamilton, *A Research in Marriage*.

<sup>13</sup> A. A. Brill, *Psychiatric Approach to Problem of Homosexuality*.

physiological or social—which direct individuals toward homosexual practices and other undesirable sexual activities, they influence a large number of potential parents. True homosexuals, if they marry at all, are usually unhappy. Only a small proportion of them have any natural impulse to produce offspring. In Henry's study of 250 adult patients comprising both heterosexual and homosexual individuals, he found that only one quarter of the homosexuals married, none of these made satisfactory heterosexual adjustment within marriage, and three fourths of the marriages were actually dissolved. All the heterosexual patients married and had from one to seven children, fifteen individuals in this group producing thirty-eight children. In the homosexual marriage group, only four children were born.<sup>14</sup>

Of the many sexual abnormalities and undesirable practices, an increasing number are also becoming problems of preventive medicine about which something practicable may be done.

#### *Other Marriage Handicaps and Limitations of Births*

Economic and social conditions which work against early marriage after maturity are responsible for reducing the opportunity for child-bearing in many families by five or ten years at the outset. The pressure of these and other conditions tends to cut down opportunities for conception possibly another five or ten years at the other end of the normal period of fertility. These influences together with the growing importance of properly spacing children under present complicated living conditions for families, are greatly restricting the production of children who might be expected to replace vitally important population groups which are slowly disappearing.

The promotion of monogamy as an ideal and legal requirement for marriage, restrictions governing divorce, racial and social limitations of marriage sanctions, economic insufficiency, claims of parents and dependents, and many other influences, all play a part in restricting the proper functioning of the sexual systems of men and women in the best interests of eugenics and population growth. And it may be pointed out that although marriage may be prevented for any or all of these reasons, mating still goes on. There is evidence that marriage and legitimate birth rates dropped during the depression, but that illegitimacy increased. There has been no adequate assistance given youth in attempts to solve these problems, or revision of legal and social sanctions to meet present conditions.

#### *What Can Be Done?*

A dark picture has been painted of the pervasive distribution of the venereal diseases in the United States, and the toll of sickness and death which follows in their wake. There is more than a hint of optimism however, in the long view of what can be done about these diseases—particularly syphilis. Treatment methods for syphilis have advanced to the point where over three-fourths of the early cases can

<sup>14</sup> G. W. Henry, *Psychogenic and Constitutional Factors in Homosexuality*.

be rendered non-infectious in a few days and can be cured by proper continuous treatment; and years of physical efficiency and comfort can be added to the lives of those with infections of long standing, even when the circulatory and nervous systems have become involved. Modern therapy can now return to normal community life many who have been confined in mental institutions. Above all, the transmission of syphilis from one generation to another would be stamped out immediately if early treatment were afforded every syphilitic pregnant woman. As regards gonorrhea, rapid progress is still dependent upon securing more medical knowledge, and better measures for combating the disease. In one respect great advances have been made. Infant blindness due to gonorrhea has been markedly reduced by the routine treatment of the eyes at birth with silver nitrate.

Experience in this and other countries shows that a successful outcome is predicated on two major activities: (1) finding and treating existing cases, and (2) preventing new infections. The first objective seems in a fair way to be met—and soon—with the combined efforts of official and voluntary agencies. The second is complex, tied up with conflicting personal desires, habits, and antisocial practices, and dependent upon the more slowly moving forces of mass education and public opinion.

Success now seems more likely to be achieved than at any previous time in the history of the battle against these diseases. The rapid crumbling of the former rigid taboo against discussion of syphilis and gonorrhea in the newspapers, which has taken place in the last year and a half, the strong crusade conducted by prominent magazines, the increasing liberality of those other two educational institutions, the motion picture and the radio, are all showing results in terms of men and women who are coming to understand the dangers to human health and happiness which lurk in the shadow of venereal diseases and who are learning that the shadow may be dispelled by prompt action. The general and continued interest in such events as the Washington Conference on Venereal Disease Control Work (December 1936), when nearly a thousand health workers and officials came together at the invitation of Surgeon General Parran to discuss practical ways and means of stamping out syphilis and gonorrhea in the states and communities, and the sweeping nation-wide response among the voluntary agencies and the lay public to the First National Social Hygiene Day on February 3, 1937, as an occasion for considering community social hygiene needs, and a means of stimulating further discussion and action among these groups,—these show the new and greatly encouraging trend in public thought and reception. The American Social Hygiene Association, in the words of Dr. Parran, is “the national voluntary agency primarily concerned with this problem, through which citizens everywhere have an opportunity to do their part in the task. It has been and continues to be a valuable ally of the health and medical profes-

sions in their battles against syphilis and gonococcal infections. The Association's work is particularly needed just now to arouse community interest, to explain the measures approved at the recent conference, and to secure their practical adaptation to local needs and conditions. There are also broader educational and protective aspects of social hygiene which must not be allowed to lapse or slow down by our current emphasis upon the medical and public health phases of the movement."

### *Importance of Education and Concerted Social Action*

Each individual is concerned with the growth and development of his own particular biological machine, and his personality must be expressed through operating it successfully. Lack of proper sex education in its broad sense has deprived a large proportion of the people of the United States of knowledge which would have aided them to understand their sexual needs, and their responsibility for utilizing their sexual endowment to the advantage of themselves and their families as social groups.

Much has been done in recent years to prepare the way for effective education and training for marriage and family life. Progress is being made toward securing voluntary parenthood, better familial relations, and good environment. There is hope that both directly and indirectly, economic, social, and educational forces will combine to promote favorable conditions and greater opportunity for early marriage after maturity, at least for those who exercise good judgment in mate selection and have the courage and determination to bring up a family. Present and past failures all along the line of these handicaps and limitations of the normal, timely functioning of sex in human life are accountable for a large percentage of the tragedy of venereal disease, sexual abnormality, unhappiness, and warped personality against which the world is struggling today.

Science has shown what may be done to control such diseases as syphilis, and what might be accomplished through application of knowledge of eugenics. Education and concerted social action can accomplish these ends. The Washington Conference previously mentioned, indeed the whole government program, has given the medical side of the movement an impetus that can hardly fail to show decided results. The Conference on Education for Marriage and Family Social Relations held at Columbia University in 1934,<sup>15</sup> the New York State Conference on Marriage and the Family which includes in its program the State's responsibility, the growing number of family consultation centers, and the increased official and voluntary case work with familial situations growing out of sexual problems, are all sign-posts pointing the way toward results of real significance to our future population on all sides of the social hygiene program.

<sup>15</sup> Sponsored by Teachers College, the American Home Economics Association and the American Social Hygiene Association.

## EDITORIAL

### SOCIAL HYGIENE AND THE LIBRARIES

In the campaign for social hygiene education no agency or institution has had, or will have, greater opportunity and influence than the Library. This is as true today, when the crusade against venereal diseases is sweeping forward on a nation-wide wave of popularity and interest, as it has been at all times in the twenty years and more during which the battle has been waged in the face of apathy and indifference on all sides.

From the time of its organization in 1914, The American Social Hygiene Association has counted heavily on the co-operation of Libraries, both public and special, to bring to those they serve accurate, sound and up-to-date information. On its part the Association has sought to make this information easily available and to act as a sort of clearing house on social hygiene questions for the library world. One of the first projects undertaken—back in 1915—was the preparation of selected reading lists of suitable social hygiene publications, through the *What Shall We Read?* series, published in the early numbers of the JOURNAL and widely discussed by educators, physicians and other advisors. Millions of copies of these lists, revised and reprinted, have been distributed by the Association, the social hygiene societies and other health and welfare agencies.

The Association, now as then, stands ready at all times to advise and consult with Libraries in the difficult task of selecting new materials, weeding out obsolete literature and maintaining adequate collections of books and pamphlets. This present number of the JOURNAL, the fifth annual number prepared especially for the library public, is an example of our efforts to be of special help. Our Library Membership Service, which provides in addition to the JOURNAL the *Social Hygiene News*, pamphlets selected especially for library use with new publications as issued, package loan service and other privileges, is further indication of our desire to be of assistance in every way possible. (The several hundred libraries which utilize this service tell us that they find it very useful. Dues are \$3.00 yearly and new members may choose as a special privilege in addition to the current year's JOURNAL, any number they may select from the "Reference List" on page 319.)

We cordially invite Librarians everywhere to call upon us for these services and any others which we may render. May we hope to hear from you?

## BOOK REVIEWS

*Unless otherwise indicated, reviews published here are prepared by the Editorial Board and Staff.*

### Books of General Interest

**SOCIAL WORK YEAR BOOK—1937.** Edited by Russell K. Kurtz. Fourth Edition. New York, Russell Sage Foundation. 709 p. \$4.00.

This is the first issue of the *Year Book* to appear under the editorship of Mr. Kurtz, and it is a pleasure to report that the high standards established by former editor Fred S. Hall are maintained in every way. The volume continues to be a convenient, authoritative reference book for all who are interested in social work or its related activities, and an indispensable tool for the executive desk. As heretofore, the *Year Book* is divided into two sections, *Part I* containing topical articles prepared and signed by authorities in the fields to which they relate, and *Part II* presenting a comprehensive list of national and state agencies, public and private, with officers, objectives and other data.

The Topical Articles, and of course, the Directory of Agencies, include up to date information on new developments affecting social work, as, the Federal Social Security Act with its supporting legislation in the states.

*Social Forces* calls this publication "perhaps the most popular and widely used reference book in the literature of social work," which seems a fair estimate.

**SOCIAL WELFARE: A LIST OF SUBJECT HEADINGS IN SOCIAL WORK AND PUBLIC WELFARE.** New York, Special Libraries Association, 1937. \$1.00.

The Committee of the Social Sciences Group has chosen these headings from lists actually in use by libraries and social agencies. Specialists in both fields have been consulted.

The result is this compact and up-to-date list for those who would keep abreast of trends in social work. It is another of the excellent publications sponsored by the Special Libraries Association, and may be secured from them at 345 Hudson St., New York City.

**HOW TO INTERPRET SOCIAL WORK.** By Helen Cody Baker and Mary Swain Routzahn. New York, Russell Sage Foundation, 1937. 80 p. \$1.00.

In their foreword the authors state that this is a study course in the ABCs of interpretation and that it is intended not for publicity

specialists, but for social workers who day by day answer questions, speak to small or large meetings, or write letters about social work, and for those who occasionally release material to the newspapers, give radio talks and prepare annual reports.

It is suggested that the course should be undertaken by groups gathered under a local leader. The material is divided into twelve lessons, the first ten dealing with the three main ways in which social work now speaks for itself; the spoken word, the written word, and pictures. The eleventh lesson shows how these three methods may be combined into a planned program of interpretation. The final lesson discusses responsibility for interpretation, suggests sources of help in securing ideas, facts and advice and raises questions as to personnel suited for interpretative work.

While the presentation is sufficiently simple for the most general reader, it is still technical enough for use as an institute program, or as an elementary course in a school of social work. The arrangement and the typography are clear and attractive; illustrations are plentiful and convenient features are the flexible binding and the blank pages at the end for notes.

**EDUCATION ON THE AIR.** Seventh Yearbook of the Institute for Education by Radio. Edited by Josephine H. MacLatchy. Ohio State University, 1936. 263 p. \$3.00.

This annual Yearbook again presents the papers and discussions given at the annual meeting of the Institute of Education by Radio. This year's topic centered around problems of technique in educational broadcasting, such as the preparation of scripts, the production of programs and the most effective use of radio in schools.

Students of radio as an educational method will find this seventh volume a worthwhile addition to their collection of reference material on this subject.

**SEX AND PERSONALITY.** By L. M. Terman and C. C. Miles. New York, McGraw-Hill Book Co. 600 p. \$4.50.

This book is an initial scientific attempt to establish tests that will measure the relative masculinity and femininity of males and females through a measure of their attitudes, interests, information and thought trends and to correlate the results of these tests with age, education, intelligence, occupation, family conditions, sex adjustment and measures of physique, personality and achievement, with the hope that the results of these tests will be helpful in problems of vocational guidance, marital relations and mental and physical disorders.

Terman and Miles say that just as I.Q. Tests have established for all time the fact that women are not inferior to men in intelligence so these M-F Tests have established the fact that men and women normally react differently and that this difference is deeply grounded either by nature or nurture or both. This creates difficulties, for it

means that children are faced with two patterns of personality, one masculine and one feminine. Social pressure requires them to accept one and reject the other. This increases the difficulty of a healthy integration of personality. We need to know whether a single pattern of personality, such as is claimed for some primitive tribes, is feasible or desirable. The fact that the tests in their present form prove that men who achieve places in *Who's Who* or are the fathers of large families tend to be more feminine than the average and that women of intellectual attainments tend to be more masculine than the average makes the single standard seem less undesirable in our civilization.

As yet we do not know when disorders are problems for the neurologist, biochemist, endocrinologist or the parent and educator. These tests though admittedly incomplete aim to show us the problem. Only then can we begin to work on the causes and cures.

EDITH DARROW ALLEN.

### Books on Sex Education, Marriage and Family Relations

BEING BORN. By Frances Bruce Strain. New York, Appleton-Century Co., 1936. 144 p. \$1.50.

Among the many favorable and interesting reviews on this second book by Mrs. Strain is one of particular import by a reader just above the age for whom *Being Born* is intended. The following is quoted from *Public Health Nursing Reviews and Book Notes*:

This book is very direct. It does not begin by describing the ways in which flowers, birds, and fish reproduce. In fact, it does not mention flowers at all. Such things as may interest the child, however, about reproduction in other types of animals are brought up while discussing human reproduction.

The book does not appear to be intended for very young children, but should be found interesting to children of ten years or older in whom development is just beginning. It should prove equally interesting to both boys and girls. It would, no doubt, be of help to mothers in answering the questions of younger children.

At the end of several of the chapters there is a list of questions and their answers about which the child may have some doubt. There is also a plentiful supply of pictures and pictorial data which add to the pleasing, matter-of-fact style of writing.

ANNE E. STEVENSON, *Age 15*

For other reviews please refer to the following: *Ladies Home Journal* (February, 1937), Dorothy Canfield Fisher's *Monthly Book Review*; *Journal of the American Medical Association* (February 6, 1937); *Bulletin of the Massachusetts Society for Social Hygiene* (December, 1936).

It will be recalled that Mrs. Strain's first book, *New Patterns in Sex Teaching* (Appleton-Century Co., 1934) was awarded the 1935 *Parents Magazine* medal as being the most helpful book for parents published during the year. *Being Born* strengthens the author's standing as an authority in this field of education and is winning deserved popularity.

JEAN B. PINNEY.



**SEX EDUCATION; A GUIDE FOR TEACHERS AND PARENTS.** By Thomas D. Wood, Marion O. Lerrigo and Thurman B. Rice. New York, Thomas Nelson & Sons. 48 p. 25¢.

Reaffirming the principle that "of all the problems in education this requires the most intelligent, sympathetic, and tactful cooperation of home and school for successful solution," the authors have drawn on their background of extensive experience in sex education and reliable existing material, to prepare this compact and useful booklet. Factors requisite for an effective program of sex education are clearly defined. Presentation of principles, aims and objectives is followed by a progressive program of teaching methods and materials, which, without exact grading, provide a stimulating range of concrete suggestions adaptable to various school levels. Five stages, three years apart, from infancy to the end of Junior High School, are included. An unusual feature is a list of characteristics which qualify parents and teachers for sex instruction of children, with a contrasting list of traits which frankly disqualify people for success in this field. The annotated list of references, classified by age suitability, is particularly valuable.

**THE PSYCHOLOGY OF ADOLESCENCE.** By Luella Cole. New York, Farrar & Rinehart. 503 p. \$3.50.

R. S. Cavan, writing in the *American Sociological Review* (June, 1936), says of this book: "of the many texts on the psychology of Adolescence that have been published in the past ten years, this is one of the best."

The *American Journal of Psychology* (July, 1936), publishes the following comment by G. M. Peterson: "In general, this book will make an excellent text for a course in adolescent psychology. It will also be a distinct addition as an outside reading assignment for students in child psychology who wish to do some special reading in the often neglected field of adolescence. In particular, one may criticise the easy explanations which do not explain, and the style which is chatty and sometimes downright garrulous."

**GROWTH AND DEVELOPMENT OF THE YOUNG CHILD.** By Winifred Rand, Mary E. Sweeney and E. Lee Vincent. W. B. Saunders Co. 429 p. \$2.75.

This is a good revision of a good book. The new edition should extend the usefulness of the publication and increase the audience reached.

**A HEALTH EDUCATION WORKBOOK.** By Kathleen Wilkinson Wootten. New York, A. S. Barnes & Co. 275 p. \$1.50.

This is a printed edition of the mimeographed volume published some years ago. Slight revisions have been made. Those unfamiliar with the original work may like to have in mind that this material is designed for teachers, parents, nurses and social workers and is based on health procedures at the Georgia State College for

Women for the twenty years prior to 1936. There are thirty-two chapters covering the field of health education broadly. Each chapter presents objectives, study outline, activity and references. The list of free and inexpensive sources of health materials is handy and up to date.

**THE SELF-REVELATION OF THE ADOLESCENT GIRL.** By Sr. Mildred Knoebber. Milwaukee, Bruce Publishing Company. 206 p. \$2.00.

This volume is a distinct contribution to literature in this field. It represents the results of a research conducted among Catholic and non-Catholic girls in many sections of the United States. Sister Knoebber's interpretation of her findings shows a sympathetic viewpoint and a broad understanding of young lives as well as of the environmental changes which affect them.

The material is well assembled, and is presented with a sincerity and freshness which make it delightful reading. All who are trying to acquire a better comprehension of the outlook and needs of the modern adolescent girl will find the book informative and helpful.

VALERIA H. PARKER, M.D.

**HUMAN GENETICS AND ITS SOCIAL IMPORT.** By S. J. Holmes. New York, McGraw-Hill, 1936. 414 p. \$3.50.

Dr. Holmes, professor of zoology at the University of California, is one of America's distinguished eugenists, and author of a number of widely used textbooks in that field. This book brings the subject up to date.

Beginning in the traditional way by a discussion of the mechanism of heredity, the facts of variation, and the influence of the environment, he goes on to discuss birth, death, and marriage rates, problems of war, crime, migration, urbanization, and practical measures that have been proposed for race betterment.

Sterilization is particularly emphasized among the negative measures, while on the positive side family allowances are discussed at length, with the conclusion that it will be hard to get them accepted in a sound form by any modern democracy.

The book is characterized throughout by the sobriety, balance, and good judgment that mark all of Dr. Holmes' writings.

PAUL POPENOE.

**FAMILY BEHAVIOR.** By Bess V. Cunningham. Philadelphia: W. B. Saunders and Co. 471 p. 1935. \$2.75.

This excellent volume, reviewed so pleasantly in the 1936 Library Number of the JOURNAL by Dr. Benjamin Andrews, comes up for mention again this year because of the award of the *Parents' Magazine* medal, given each year for the book considered of greatest assistance to parents. Dorothy Canfield Fisher says of this book in the *Ladies*

*Home Journal*, "It is a pleasure to me, a very old observer of books about human relations and the conduct of family life, to see how such volumes are emerging from narrow preoccupation with what goes on inside the walls of our homes. *Family Behavior* is . . . stimulating to the self-respecting desire to make one's family life not a raft loosely flung together by chance and floating helplessly wherever the current carries it, but a shapely, well-constructed boat with a rudder in good working order to steer it."

HEALTH GUIDES AND GUARDS. By Francis P. Wall and Louis D. Zeidberg. New York, Prentice-Hall, Inc., 1936.

During the past year a good many inquiries have been made about this book. The authors say their purpose is to present the principles of hygiene in a manner both concise and practical. Minute detail has been avoided, and the correction of popular fallacies has been attempted.

"The genital system, social diseases, and sex hygiene have been described in somewhat greater detail . . . and placed in the early part of the book in order to bring them before the student soon after his study of hygiene begins." This is the explanation of the authors for an unusual and in certain respects unbalanced treatment of hygiene, physiology, and medicine. Practically a third of the book is devoted to nine chapters on *The Genital System* and *The Social Diseases*. It is difficult to appraise this book for the JOURNAL readers. The Editorial Board will welcome opinions of teachers and readers who use it.

NATIONAL CONFERENCE ON COLLEGE HYGIENE. New York, National Tuberculosis Association, 1937. 112 p. \$1.00.

This book of 112 pages, just prepared for publication, summarizing the proceedings of the Second National Conference on College Hygiene held in Washington, will be an important source book for every college and other educational institution, and for all who are interested in the progress of organized education and administration of hygiene. While space does not permit a satisfactory review, it may be said that the Conference was a milestone in its field and brought together the outstanding leaders of the nation under the presidency of Livingston Farrand of Cornell University. Readers of the JOURNAL will be particularly interested in the section dealing with Special Problems among which social hygiene appears. It is anticipated that the book will be of great service also to professional groups in the secondary schools and to voluntary agencies.

### Books on Legal and Protective Measures

NEW LIGHT ON DELINQUENCY AND ITS TREATMENT. By Wm. Healy and Augusta F. Bronner. New Haven, Conn., Yale University Press. 226 p. \$2.00.

This volume presents the report on the First Project conducted by the Yale Institute of Human Relations. One hundred and five delinquent children were studied against their family backgrounds and

in contrast with an equal number of non-delinquents. In all 574 members of the families were worked with.

The conclusions reached by the authors confirmed "the modern conception that the emotional phase of life is the most significant conditioning factor in the production of behavior tendencies."

Unsatisfactory family relationships were a definite factor in the development of delinquency. Other influences were, as usual, found to be unwholesome living conditions, lack of suitable recreation and unfortunate associations. Widespread parental education is believed to be "the single direct attack of greatest value." The improvement of general social conditions, economic housing and recreational opportunity to a greater extent, would show a corresponding reduction in delinquency.

A new generation of parents better informed for successful family life would result, the authors believe, in "more satisfactory surroundings, more stable emotions and fewer delinquent children."

The *Survey Index* says of this book: "Rather than throwing new light on delinquency this volume confirms and greatly strengthens the thinking of progressive clinicians."

**SOCIAL TREATMENT IN PROBATION AND DELINQUENCY.** By Pauline V. Young. McGraw-Hill Book Co., 1937. 625 p. \$4.00.

The National Probation Association says of this book: "It is an interesting and quite valuable compilation of material. A real contribution, especially as nothing of the sort has previously appeared in the field." (See review in *Probation*.)

*Social Work Today* (May, 1937) reports: This book is intended as a treatise and case-book for court workers, probation officers, and other child welfare workers. It deals with the treatment of juveniles, particularly those who come under the care of probation departments. It is voluminous, detailed, basic and elementary. It does not pretend to originality or statements of new techniques or approaches. Rather it is an amazingly and laudably minute and exhaustive compendium of what has already been stated and accepted. . . . The book will be of most value to those thousands of workers in the public probation field, who, academically unprepared for social work, are nevertheless already doing it, semi-consciously and haphazardly. For them, this volume offers an articulation and a rationale of what they are doing and what they may vaguely have felt they should be doing.

**YEAR BOOK OF THE NATIONAL PROBATION ASSOCIATION.** New York, 1936. Marjorie Bell, Editor. 432 p. \$1.75 cloth, \$1.25 paper.

Social hygiene workers look forward each year to the publication of this summary of progress and events in the field of probation and prevention of delinquency. The present volume contains the papers given at the thirtieth annual meeting of the National Pro-

bation Association, at Atlantic City, May, 1936. Some of the headings are: *The Individual Approach to the Treatment of Delinquency, Children under Federal Protection, Crime Control, Judicial Responsibility for Probation Standards and Psychiatric Interpretation.*

The Coordinating Council Movement is discussed to a greater extent than heretofore; particularly significant is the paper by Kenneth S. Beam, who has been studying this development for the N.P.A. Communities considering the establishments of such Councils, would do well to examine Mr. Beam's conclusions, which are practical and constructive.

JEAN B. PINNEY.

HERE'S TO CRIME. By Courtney Ryley Cooper. Boston, Little, Brown and Co. 454 p. \$2.75.

Drawn by a skilled and experienced writer, the picture of crime here presented is graphic, direct, and has attracted wide attention and varying comments. Sociologists and students of crime, however, do not agree with the author's conclusions. The review by Samuel G. Kling, consultant to the Prison Industries Reorganization Administration, in the New York *Herald Tribune Books* (February 21, 1937) is an example. We quote from Mr. Kling's comments on the social hygiene problems discussed:

Mr. Cooper's thesis is the refutation of the prevalent notion that crime does not pay. The author maintains with a great deal of plausibility that it does. "Crime, he says, does not pay those who seek so hard to make it remunerative—who are the poor. Crime pays only such persons as those about whom I write—the professional gangsters" . . . In support of this argument Mr. Cooper has amassed a great deal of evidence which he presents very effectively. No one will disagree with the shameful conditions which are described with so much feeling and gusto. We listen respectfully when Mr. Cooper informs us of the interlocking control of prostitution and politics, and both with crime and the underworld. . . . But it is one thing to state the problem. It is quite another thing to solve it. Unfortunately, Mr. Cooper's remedies are often as superficial as those proposed by the very quacks he condemns. . . . He is very much concerned over the horrible fact, and properly so, that bawdy houses are breeding places of crime. But what does he propose to do? Does he propose to find jobs for the thousands of women who are propelled into a life of shame and degradation? Not at all. All he proposes is the segregation—not the elimination—of brothels. As if that were a solution. The author glosses over almost entirely the wretched poverty, the miserable home environment which have so often forced women into the oldest profession. Of drying up the source of prostitution and crime—the profit motive—he says almost nothing.

See also *Literary Digest*, February 6, 1937; *Medical Times*, April, 1937.

COMMUNITY DEVELOPMENT IN PREVENTION AND CONTROL OF JUVENILE DELINQUENCY AT FLINT, MICHIGAN. By John H. Moore, Flint Institute of Research and Planning.

The City of Flint recently made history when it reported that its program for the prevention of delinquency had passed from theory into practice, and was actually showing results in a greatly reduced

number of wayward boys and girls. How Flint went about securing this happy result is set forth in a series of mimeographed studies prepared by John H. Moore, Director of Research in Recreation and Juvenile Delinquency for the Flint Institute of Research and Planning. The titles indicate the scope and trend of these studies: *A Summary of the Findings of the Census of Problem Children in the Flint Public Schools, School Year 1935-1936*; *Prevention and Control of Juvenile Delinquency, The Flint Plan*; *Community Developments in Flint, Michigan, in the Prevention and Control of Juvenile Delinquency*; and *Assisting Problem Children to Adjust, A Description of the Flint Plan*.

Copies may be secured from the Institute and other communities in search of a solution for delinquency problems will find here practical measures clearly described. An interesting feature of the program has been the cooperation of the newspapers of Flint, especially through their handling of news stories concerning crime in a non-sensational manner.

**THE GANG.** By Frederic M. Thrasher. Chicago, University of Chicago Press, 1936. Second revised edition. 605 p. \$4.00.

As indicated, this is a revised edition of Professor Thrasher's former work. It presents a study of 1,313 gangs in Chicago, as representative of and exhibiting the same characteristic traits as all gangs wherever they exist. The volume is divided into four parts: the natural history of the gang; life in the gang; organization and control in the gang; and the gang problem. In the final section of the text, a six-point program of crime prevention is offered: (1) concentration of responsibility for the function of crime prevention; (2) construction of a program upon a basis of research; (3) integration of services of all appropriate agencies; (4) systematic application of the preventive program to all children in the delinquency area of the community; (5) creation of new agencies where existing facilities are demonstrated to be inadequate; (6) continuous program of public education. A selected bibliography cites 27 pages of journal and book references.

*Educational Abstracts* (Vol. 1, No. 5, Nov.-Dec., 1936) says:

It is stated that the most important conclusion suggested by a study of the location and distribution of Chicago gangs is that "gangland represents a geographically and socially interstitial area in the city. Probably the most significant concept of the study is the term *interstitial*—that is, pertaining to spaces that intervene between one thing and another." The definition of a gang is "an interstitial group originally formed spontaneously, and then integrated through conflict. It is characterized by the following types of behavior: meeting face to face, milling, movement through space as a unit, conflict and planning. The result of this collective behavior is the development of tradition, unreflective internal structure, *esprit de corps*, solidarity, morale, group awareness, and attachment to a local territory." In general, the technique of analysis is the statement of principles followed by descriptions of cases to support the thesis presented.

YOUTH-SERVING ORGANIZATIONS. By M. M. Chambers. Washington, American Youth Commission. \$1.50.

This volume is announced as a "descriptive directory and preliminary survey of 330 national associations whose programs are concerned wholly or partly with the welfare of youth." Addresses, membership, purpose, activities, publications, staff and finances of each are given in brief and convenient form.

An introduction summarizes high points and comments on the role of national associations and their varied local enterprises. Many avenues for profitable further studies are indicated. A convenient plan of classification and an extensive index make reference easy, and the book will be useful to workers in all types of local youth agencies who are alive to the need for mutual understanding and coordination with other groups concerned with young persons.

Twenty-six tables and 14 charts exhibit various characteristics and interrelationships of the many national organizations, and give coherence to the wide panorama of national non-governmental youth-service.

THE IMPORTANCE OF RECREATION IN MODERN LIFE. Topics for Group Discussion. New York, National Recreation Association, 1937. 24 p.

ADVENTURES IN RECREATION. By Weaver W. Pangburn. New York, A. S. Barnes and Co. 138 p. 72¢.

The first named of these publications was issued as the framework of discussions which took place at the twenty-second recreation congress held in Atlantic City in May, 1937. Its phrasing is so succinct, the arrangement so convenient—in brief pamphlet form—and the ground is covered so thoroughly, that it is worthy of mention here as a permanent addition to the basic material available for agencies studying provisions for proper community recreation. Beginning with *Recreation Requirements for Modern Youth* and concluding with *Federal Grants-in-Aid for Recreation*, the question-topics cover a varied and necessary field. Use outside the congress sessions is in response to numerous requests from local recreation staffs, school and college classes, forums, P.T.A. and club study groups, Councils of Social Agencies, and others. Quantity lots may be secured at the rate of 10 for 75 cents; 25 for \$1.50, and 100 for \$5.00, from the Association at 315 Fourth Avenue, New York.

Mr. Pangburn, the author of *Adventures in Recreation*, for long has been a student and practical worker in this field. His present book for high school boys and girls is predicated on sound common sense. We quote from the chapter on *Co-recreation and Sex Education*:

Through surviving customs and traditions, the sexes have been too much separated in recreation. And curiously enough this separation has been practiced at a time when their mutual attraction is most keen. More acquaintance in a wide variety of interests at this age may destroy some romantic illusions,

but in the long run it will provide a basis for more wholesome relations and prepare young men and young women for more happiness in marriage.

Classroom acquaintance plus an occasional dancing party are not enough to produce real understanding or knowledge of the opposite sex. Boys and girls are far more likely to become really acquainted when they are thrown together in situations that are informal and provide some test of character. Situations requiring the taking of responsibility, handling one's share of chores, involving patience, coolness or courage, are much more suited to revealing the kind of a personality and capacity that an individual possesses. Such situations are frequently to be found in hikes, camping, a variety of sports, in rehearsals of plays, and other recreational activities. Boys and girls should have a chance to observe each other and cooperate with each other under such circumstances. They ought also to exchange ideas on religious and social questions.

Many marriages have gone to pieces on the rocks of divorce, separation and desertion because of the absence of common recreational interests. There is much truth in the slogan, "The family that plays together, stays together."

The complicated, exciting and confusing times and environments in which our youth are growing up call for redoubled efforts to provide them with acceptable, wholesome recreational pursuits among which are activities leading to companionship, understanding and respect between boys and girls; and training for marriage and family life. This book has something fundamental to offer in these directions.

### Books on Medical and Public Health Measures

**SYPHILIS AND ITS TREATMENT.** By William A. Hinton, M.D. New York, Macmillan Company, 1936. 321 p. \$3.50.

"There is a real need for one (a book of syphilis) which gives a clear, simple and relatively complete account of syphilis and its treatment for physicians, public health workers, and medical students," says Dr. Hinton in the preface of his book. The author, whose name is associated with a well known blood test for syphilis, has endeavored in 304 pages of text to supply this need—certainly a formidable undertaking. Part one deals with the manifestations of syphilis; part two with the treatment of syphilis; and part three, an appendix, is devoted to the techniques of laboratory tests of syphilis. The format and print of the book which is without illustrations are good.

One has the impression on reading Dr. Hinton's book that it is the work of a serious, intelligent student of syphilis, one whose view has been influenced by his extensive experience in the laboratory. His interpretations and comments are often stimulating, especially when they deal with the relations of laboratory data to clinical findings and the pathologic conditions underlying them. Those parts of the book which deal with laboratory procedures are particularly interesting and helpful, which is rare in books of syphilis.

In spite of the author's succinct style, it is evident that the story of syphilis needs more pages for its adequate telling than has been provided in this book. If the author had given physicians, public



health workers, and medical students a volume twice as large as the present one, it might well have been more than twice as useful.

WALTER CLARKE.

NEW YORK HOSPITALS AND VENEREAL DISEASES.—General hospitals in New York City should admit for bed care patients with venereal diseases in communicable stages, and there should be 600 more hospital beds for care of these patients in the city. These are two of the conclusions reached by the Hospital Survey for New York, sponsored by the United Hospital Fund, and directed by Dr. Haven Emerson for a Study Committee whose chairman is George E. Vincent, former president of the Rockefeller Foundation. The report of this study, recently published, also states in a chapter on venereal diseases, that 70 out of 88 general hospitals in New York now refuse to admit patients in infectious stages of syphilis and gonorrhea. Commenting further, the report says: "In this field the social factor is perhaps the most important. Much depends on the cooperation of the public. Statistics are hard to accumulate and the prospects of effective control are difficult to forecast. But there is cause for optimism in the greatly increased interest in and understanding of these diseases, both among physicians, health officials and others professionally concerned, and among the general public. If facilities can be provided for treatment, and the public can be taught to seek treatment promptly if infection has occurred and keep it up as long as necessary, there is no reason why New York City should not achieve results as successful as those in Copenhagen, for instance, where syphilis has been reduced from 800 cases per 100,000 population in 1885 to 35 cases per 100,000 in 1935." The survey expects little change in the present estimated rate of a little less than 800 new cases each year per 100,000 population until 1945, but after that looks for a rapid fall to 200 new cases a year in 1960.

The chapter on venereal diseases was prepared by the Joint Committee of Agencies Interested in the Study and Control of Syphilis and Gonococcal Infections in New York and Its Environs.

THE DEVELOPMENT OF MODERN MEDICINE. By Richard H. Shryock. Philadelphia, University of Pennsylvania Press. 442 p. \$4.00.

This is another book whose appearance during the past year shows increasing popular interest in the history of medicine. Space prevents a description of its contents here, but many JOURNAL readers will want to know about its availability for reference or purchase.

Dr. Walter L. Treadway, Assistant Surgeon-General, Division of Mental Hygiene, United States Public Health Service, reviewing this work in *The Health Officer* (June, 1937), says:

"The general theme of this interesting book, and like all books it is subject to errors of omission and commission, may be summarized as follows: The arts and sciences, social, economic, industrial and cultural factors in our civilization have been influential in shaping the trend, the outlook and development of modern medicine and its practice, and that all of these may be expected eventually to influence the perspective of the future."

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By David Lees, M.D. Baltimore, William Wood & Co., 1937. 608 p. \$5.00.

The third edition of Lees' *Practical Methods in the Diagnosis and Treatment of Venereal Diseases* has just come from the press. This book was reviewed in some detail when the second edition appeared in 1931. The untimely death of Dr. David Lees, of Edinburgh, Scotland, the original author of this work, removed one of the most prominent British authorities on syphilis and gonorrhea. The third edition has been revised by Dr. Robert Lees, also of Edinburgh, and contains contributions from Dr. R. Cranston Low, Dr. William R. Logan, and Dr. R. C. L. Batchelor, all of the Edinburgh medical faculty.

The new edition of Lees' *Venereal Diseases* is substantially similar to the previous editions. Throughout the book an eminently practical point of view is maintained. This is, in the opinion of the reviewer, one of the best text books for students and for general practitioners on the subject of syphilis and gonorrhea that is available in English speaking countries. The popularity of this book, especially in Great Britain, supports this opinion.

WALTER CLARKE, M.D.

THEORY AND PRACTICE OF PSYCHIATRY. By William S. Sadler. St. Louis, C. B. Mosby & Co., 1936. 1000 p. \$10.00.

A number of Association members have asked for a review of this book. While recognizing that its cost and the special field covered make it inaccessible to most SOCIAL HYGIENE readers, there seems, nevertheless, to be no way of summarizing Dr. Sadler's volume. It has been carefully reviewed by Harold D. Palmer for the July, 1937, Quarterly, *Mental Hygiene*. This publication of The National Committee for Mental Hygiene is doubtless available to most of the interested Association members. The author presents his material and views in a way to attract the reader and stimulate discussion. During the past year many varying views have been expressed by psychiatrists as to the value of this book for the purposes stated by the author, but all have recognized the importance of efforts such as his to divest mental hygiene of mystery and confusion in the mind of the general medical practitioner as well as the layman.

PRINCIPLES AND PRACTICE OF RECREATIONAL THERAPY FOR THE MENTALLY ILL. By John Eisele Davis and Wm. Rush Dunton, Jr. A. S. Barnes & Co. 206 p. \$3.00.

The *Scientific Book Club* review of the purpose and contents of this book is quoted here because there are so many preventable social hygiene problems related to or growing out of mental illness—

"[This book] has grown out of the daily experience of the writers in directing a program of recreational therapy for hundreds of psychotic and neurotic patients for many years and from active relationships with the latest developments in the general field of mental rehabilitation. . . . Describing types and disease entities first, the

authors stress education and reeducation with their many angles, methods for creating and continuing interest and effort on the part of the patient, provide a classification of activities and describe the capacity, motor skill, psychological and social adjustment tests to which the patient is submitted. Types of formal and informal exercises are discussed and the aims and objectives of occupational therapy are fairly presented."

**A LIBRARY HANDBOOK FOR SCHOOLS OF NURSING.** New York, National League of Nursing Education. 264 p. \$2.50.

This is a practical publication for use of those concerned with the administration of Nursing School Libraries. It was prepared by a sub-committee of the Curriculum Committee of the National League in cooperation with the Bellevue School of Nursing. The main text deals with a suggestive list of subject headings for a catalog and subject file, and there are helpful lists of material sources and references. The book should be of real value to those concerned with health libraries as little of this kind of guidance has been previously published.

**NURSING AS A PROFESSION.** By Esther Lucile Brown. Russell Sage Foundation, 1936. 120 p. 75¢.

**PHYSICIANS AND MEDICAL CARE.** By same author. New York, Russell Sage Foundation, 1937.

Nurses necessarily have such a large part to play the control of syphilis and gonococcal infections, that Social Hygiene readers should know the first of these books, dealing with the nursing profession, and the progress being made in selecting qualified students, and building a program for training them and utilizing their services most effectively in private practice and public health.

The second-named volume, on the status of medical education and current problems of practice, condenses in 200 pages an amazing amount of data and pertinent observations. It is not practicable to review it at this time but all social hygiene agencies as well as other health and welfare groups should be informed concerning it.

These are two more of the useful series of monographs being published by the Sage Foundation on established or emerging professions.

**TEN MILLION AMERICANS HAVE IT!** By S. William Becker, M.D. New York, J. P. Lippincott Company, 1937. 220 p. \$1.35.

Of the many books dealing with syphilis which have been written for the lay public, especially during recent years, only a few have come from the pen of well known syphilologists. Under the striking title *Ten Million Americans Have It* Dr. S. William Becker, Associate Professor of Dermatology and Syphilology, University of Chicago, has written a concise treatise dealing exclusively with syphilis and intended for lay individuals having no special knowledge of medicine. The author hopes that infected individuals, as well as nurses and social workers, may find in this book practical and encouraging information.

The book consists of 220 pages divided into thirteen chapters. The first four chapters are given over to the history of the disease and a description of the organism which is its cause. The next six chapters deal with the general course, diagnosis, treatment and cure of syphilis and the last two chapters with the social and public health aspects of the disease. Not only is the book medically sound and interestingly illustrated but it is written in a stimulating and lucid style.

*Ten Million Americans Have It* is a book which can be heartily recommended especially to more intelligent lay readers whether their interest in the subject is that of the public spirited citizen, the nurse, social worker, educator or clergyman, or, as Dr. Becker had distinctly in mind, an individual so unfortunate as to be infected with syphilis. Such an individual would find all the encouragement and all the optimism which modern methods warrant in the treatment of syphilis.

AN AMERICAN DOCTOR'S ODYSSEY. By Victor Heiser. New York, W. W. Norton Co., 1936. 544 p. \$3.50.

Dr. Heiser's history of his life, work and adventures by this time is too well known to the reading public to need any recommendation here, but a few references to current reviews may be of value to the reader seeking to learn where the book has been discussed. See *Book List*, September, 1936; *New York Herald Tribune Books*, August 30, 1936; *Boston Transcript*, August 29, 1936; *Chicago Daily Tribune*, August 29, 1936; *New York Times*, August 30, 1936; *Review of Reviews*, September, 1936; *Saturday Review of Literature*, August 29, 1936; *Scientific Book Club Review*, September, 1936; *Survey Graphic*, September, 1936; *Time Magazine*, August 31, 1936.

It goes without saying that these and many other reviews are unanimously enthusiastic. Beginning with a boyhood overwhelmed by the Johnstown Flood and carrying through Dr. Heiser's work with the International Health Board, the picture is seen through a wide-angle-lens and recorded with the sensitiveness and keen detail of a miniature camera. Social hygiene workers will be interested in various references to problems in this field in the forty-five countries which constitute the background for this epic tale.

JEAN B. PINNEY.

SHADOW ON THE LAND: SYPHILIS. By Thomas Parran. New York, Reynal and Hitchcock, 1937. \$2.50.

At rare intervals a publisher, an author, and the public agree upon the importance and timeliness of a book, which becomes a mighty force for human welfare. This will undoubtedly be the history of the new publication by Dr. Thomas Parran, Surgeon General of the United States Public Health Service, now in galley proof and to be issued in July. This remarkable and authoritative book on syphilis is destined to have a great influence upon the whole social hygiene movement, as well as the specific program for conquering syphilis.

From cover to cover, Dr. Parran has made his chapters interesting and convincing reading. The illustrations are all worthy of duplication as a popular exhibit in themselves. In printing and press work the publishers have done a splendid piece of work. These points are mentioned because this is the book that has been urgently needed as a comprehensive yet clear and reassuring statement which will give patients an understanding of their physicians' instructions and their own responsibility and cooperation in carrying out treatment procedure and protection of the public. If every person diagnosed as having syphilis could have a copy of this book, an enormous gain would be made in control of the disease.

Yet the book is equally well adapted to inform and guide those who do not have the disease in doing their part of the program. Dr. Parran sums up the recent notable Conference on Venereal Disease Control Work in these words: "What then is the platform for action? Avoiding the use of the learned technical terms of our National Conference, it can be boiled down to a simple formula: Teamwork of government, professions, industry and citizens, + money for drugs and facilities, + trained personnel for finding cases, for treating cases, and for teaching the nation the importance of doing these things and doing them well, = the eradication of syphilis." All these things he explains by a wealth of pertinent readable examples supported by reference to current activities here and abroad.

Before we can secure the control of syphilis, which could be achieved in one generation: "before we are capable of teamwork," he says, "all of us together—physicians, public official, citizen—must learn to think of syphilis scientifically as a dangerous communicable disease, which it is; rather than moralistically as a punishment for sin, which it often is not." "Also we must learn that this is everybody's business. That everybody is endangered by the present status; that everybody pays for it; whether or not afflicted by the disease; that no one agency is big enough or clever enough to do everybody's job alone." "And finally we must learn to be realistic; to forget the humanitarian appeal of lives saved, suffering lessened, homes unbroken. From the financial angle alone, the job of stamping out syphilis will pay for itself and pay dividends." Without appearing to be so, the book is a compendium of facts and figures supporting all these challenging statements of a platform of action.

For JOURNAL readers and others concerned particularly in the educational and protective phases of the movement, such chapters of the book as those dealing with *Prostitution and Ethical Outlook*, *Stumbling Blocks*, *The Personal Equation*, will be of special interest. It is greatly hoped that this book will prove to be a best seller, and in due course may find its way into a mass printing which would warrant its sale as a handbook in promoting this campaign, available for distribution at the low cost for which popular books may now be produced in quantity. It should be of great value as a source book and stimulus for the thousands of discussions, talks, leaflets, and news items needed to keep this campaign on the right

track and moving through the coming decade without interruption and without panic. Dr. Parran has performed a difficult task most successfully with the aid of able and devoted associates; and he has been fortunate in having publishers who fully understood his problem and the public need. This book will be a great addition to the equipment for preparing the next National Social Hygiene Day meetings to be held in February, 1938.

WILLIAM F. SNOW.

ON YOUR GUARD. By Carl Warren. New York, Emerson Books, 1936. 160 p. \$1.00.

Mr. Warren, who shared in the Pulitzer award this year for his pioneer efforts in public information on venereal diseases through the series of popular articles in the *New York Daily News*,\* wrote this book out of his resulting enthusiasm and knowledge reinforced by additional research. It is a frank, simple discussion for the average man, with the emphasis naturally on public education as a powerful weapon for conquering syphilis and gonorrhea. Herschel Brickell, writing in the *New York Post* (January 21, 1937) says:

"Mr. Warren discusses in plain language the available means for preventing the spread of the diseases. He explains symptoms and treatment and advises early consultation with reputable physicians in cases of suspected infection. He also advises strongly against home remedies which are fakes and worse than useless. There seems to be no doubt that the widespread reading of his book would result in the saving of a good many lives and in helping a great many people to keep their hold on happiness."

Harry Hansen, book reviewer for the *New York World Telegram* (January 9, 1937) has the following to say:

"Social hygiene is one of the most important subjects in popular education and the one least known. This book fights attempts to hush up information about man's great enemy. All this information should be placed freely at the disposal of everyone by schools, factories and organizations."

Favorable reviews have also appeared in the *Journal of the American Medical Association* and in various professional and non-professional publications.

SYPHILIS SIVE MORBUS HUMANUS. By Charles S. Butler. Lancaster, Pa., Science Press, 1936. \$3.00.

This illustrated and dramatically written book which reached the Association after the last library number had been published deserves special mention because of the widespread interest it created among students of the origin of syphilis and among all those who have battled valiantly for or against the identity of syphilis and yaws.

Probably this book has already found its way into the libraries of most of those for whom it was written—"For scientists and laymen interested in the damage to man from venereal diseases." Rear Admiral Butler dedicated his book "to the millions of blacks who have died from their white man's burden." His theses of course are that the "American-Origin-of-Syphilis Hypothesis" is a fallacy; and

\* January and February, 1936.

that so-called "yaws" and syphilis are manifestations of the same infection.

In past years the JOURNAL has published other references to these highly controversial issues dealing with opposing views. There is altogether too little published material upon the history and origin of diseases; and when distinguished scientists and physicians turn their attention in these directions it is fortunate that their findings and deductions are beginning to appear in print.

WHO GAVE THE WORLD SYPHILIS? By Richard C. Holcomb. New York, Froben Press, 1937. \$3.00.

This scholarly contribution to the increasing bibliography of studies and pronouncements on this controversial question is most welcome. JOURNAL readers will be glad to have an interestingly written and carefully documented statement of Captain Holcomb's views and evaluation of evidence which has thus far come to light.

The reviewer is tempted not to indicate the author's views upon the validity of the popular opinion that the sailors of Columbus contracted syphilis and took the disease back to the Old World; but perhaps it will add interest and persuade more students to purchase the book to quote the following from Rear Admiral Butler's introduction: "It would seem impossible for a physician to read this work without being convinced of the fallacy of the American origin of syphilis theory . . ."

Captain Holcomb has had a long and distinguished career in the United States Navy and has been one of the active and influential supporters of the Association and the Social Hygiene movement from its beginning.

THE SEAMEN'S HANDBOOK FOR SHORE LEAVE. Sixth Edition. By Mrs. Henry Howard. New York, American Merchant Marine Library Association, 1937. 435 p. 50¢.

The sixth edition of the *Seamen's Handbook for Shore Leave* has recently been issued. Published first in 1919, this little handbook has been of inestimable value not only to English speaking seamen throughout the world but also to social and health agencies in nearly every country in which the English language is spoken.

HEALTH EDUCATION OF THE PUBLIC—A PRACTICAL MANUAL OF TECHNIC. By W. W. Bauer and Thomas G. Hull. W. B. Saunders Co., 1937. 227 p. \$2.50.

This little book, from the pens of two eminent individuals with long experience in the art of presenting medical information to the general public, should prove a useful addition to the libraries of health and welfare agencies. Chapters on objectives, sources of materials, radio, newspaper and magazine publicity, motion pictures and other visual aids explain concretely what to tell and how to tell it. Many illustrations are included. The final question, "Can the results be measured?" is answered in the affirmative, within limitations.

## THE SOCIAL HYGIENE BOOKSHELF FOR 1937

### *A Selected List of Social Hygiene Books and Pamphlets for Home and Public Libraries*

In response to constant requests for bibliographies the following lists of social hygiene books and pamphlets have been prepared. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Publications on psychology, physiology, heredity and biology are not listed because they may be found under those headings in any public or college library.

Suggestions will gladly be made on request for "minimum" lists of fundamental books, considered basic for a small library or for larger collections. The reader is also referred to the list of bibliographies on special topics mentioned on page 319. Other lists will appear from time to time as new publications are added.

NOTE: A discount of ten per cent from book prices listed is allowed to members of the Association. It is recognized that public libraries will probably wish to purchase books directly from the publishers at the regular library discount. The privilege of ten per cent is intended particularly for individuals or organizations not eligible to receive library discounts. Pamphlets may be secured from the Association, or through the Vertical File Service, at the prices indicated, or without charge through the Association's Library Membership Service.

This Membership Service, for which yearly dues are \$3.00, provides also as privileges receipt of the JOURNAL OF SOCIAL HYGIENE, the SOCIAL HYGIENE NEWS, package library service and new pamphlets as issued. The Library Membership Service is open to individuals and agencies as well as to libraries, and may be applied for directly to the Association at 50 West 50 Street, New York, or through magazine subscription agencies.

### Books

The following classification has been arranged at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible to others. Most of the books recommended are of general interest and scope.

#### For General Readers

GRAY, A. H. *Men, Women and God*. New York, 1923. 189 p. \$1.50. New York, Association Press, 1923. 85c.

Problems of sex from a churchman's point of view.

ROYDEN, A. MAUDE. *Sex and Common Sense*. New York, Putnam, 1922. 211 p. \$2.50.



## For Parents

- CHILD STUDY ASSOCIATION OF AMERICA. *Parents' Questions*. Harpers, 1936. 312 p. \$2.00.
- GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.
- A study course for parents on the relation of family life to the building of personal character.
- GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 112 p. \$1.00.
- HUNTINGTON, ELLSWORTH. *Tomorrow's Children*. The goal of eugenics. New York, John Wiley and Sons, Inc., 1935. \$1.25.
- A question and answer discussion.
- STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00.
- Shows how parents may meet unusual as well as common situations in sex instruction.
- THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

## For Children

- DE SCHWEINITZ, KARL. *Growing Up: The Story of How We Become Alive, Are Born and Grow Up*. New York, Macmillan, 1928. 111 p. \$1.75.
- STRAIN, FRANCES B. *Being Born*. New York, Appleton-Century, 1936. 144 p. \$1.50. For girls and boys from 9 to 12.
- TORRELL, ELLEN. *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 90c.

## For Young People

(High school age and up)

- DENNIS, LEMO T. *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
- DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00.
- *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
- HOOD, M. G. *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75.

## For Engaged and Married Couples\*

- ELLIS, HAVELOCK. *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50. An interpretation of the meaning and place of sex in life.
- EXNER, M. J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
- GALLOWAY, T. W. *Love and Marriage*. New York, Funk and Wagnalls, 1924. Revised 1936. 78 p. 30c. (National Health Series.)
- NEUMANN, HENRY. *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50.
- POFENOE, PAUL. *Modern Marriage*. New York, Macmillan, 1925, 259 p. \$2.00.
- SANGER, MARGARET. *Happiness in Marriage*. New York, Blue Ribbon Books, 1926. 215 p. \$1.00.

\* A mimeographed list of books under this classification, with particular reference to marriage adjustments is available upon request.

## For Teachers, Pastors, Physicians, Nurses, Social Workers and Students

*Sex Education*

BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk and Wagnalls, 1924. Revised 1936. 60 p. 35c. (National Health Series.)

— *Sex Education*. New Edition, 1936. American Social Hygiene Association. \$1.10 postpaid.

BROOKS, FOWLER D. *Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.

HOLLINGWORTH, L. A. *Psychology of the Adolescent*. New York, Appleton, 1928. 227 p. \$2.50.

SMILEY AND GOULD. *A College Text Book of Hygiene*. New York, Macmillan, 1935. \$2.00.

WHITE, WILLIAM A. *The Mental Hygiene of Childhood*. Boston, Little Brown, 1919. 193 p. \$1.75.

*Public Health and Medical*

PELOUZE, P. S. *Gonorrhea in the Male and Female*. A book for practitioners. 2nd ed. Saunders, Philadelphia, 1931. 440 p. \$5.50.

SNOW, WILLIAM F. *Veneral Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. Revised 1936. 98 p. 35c. (National Health Series.)

STOKES, J. H. *Dermatology and Syphilology for Nurses*. Philadelphia, W. B. Saunders Co., 1930. 311 p. \$2.50.

In addition to the special text for nurses contains excellent discussion of general social hygiene principles and place of the movement in community and individual life.

*Legal and Protective Measures*

ADDAMS, JANE. *A New Conscience and an Ancient Evil*. New York, Macmillan, 1912. 219 p. \$1.50.

Prostitution in modern civilized society.

FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, The Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.

GLUECK AND GLUECK. *Five Hundred Delinquent Women*. Alfred A. Knopf, New York, 1934. 549 p. \$5.00.

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POPENOE, PAUL. *The Conservation of the Family*. Baltimore, Williams and Wilkins, 1926. 266 p. \$3.00.

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*Prenatal Care*

- DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30c. (National Health Series.)
- STEVENS, ANNE A. *Maternity Handbook*. New York, G. P. Putnam's Sons, 1932. 178 p. \$1.00.

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## NEWS AND ABSTRACTS

**The Direct Cost of Syphilis in a Representative American City.**—W. C. Thompson, W. A. Brumfield, and Lucille Caldwell. *Am. J. Syph., Gonorr. & Ven. Dis.*, St. Louis. May 1936, 20: 243.

The burden of treatment of venereal diseases, especially syphilis, must be carried out largely at public expense. In urban communities of the United States, venereal diseases make up 16.7 per cent of all reportable communicable diseases, but of the total sum of money allocated for communicable disease control by health departments, only 4.9 per cent is available for venereal disease control. Though the venereal diseases are four times as prevalent as tuberculosis, health departments expend three times as much money for tuberculosis as for venereal disease control. In general, health departments concede to the venereal disease far less attention than their prevalence and their gravity to the community and individual patient justify.

In Baltimore, a city of 828,000 population (1933), about 9,000 new syphilitic patients are discovered yearly (of whom about 4,000 have early syphilis and 5,000 have late syphilis). The total measurable direct cost of syphilis to the city of Baltimore during 1933 was roughly \$170,000, of which \$93,000 was paid by the taxpayers and \$77,000 by privately endowed charity. This does not include any of the following indirect costs: Fixed overhead of hospitals, clinics, or laboratories; fixed charges on capital investment of hospitals; library services for blind syphilitics; special schools for handicapped children; schools for the blind; blind pensions; sums expended by private physicians and private laboratories; fees paid by patients to private physicians and laboratories; relief paid by federal government or local charitable agencies to patients disabled from syphilis, or to their families; legal and police measures for the repression of prostitution; money wasted by patients with quack physicians and cultists; cost of self-treatment at drug stores; economic losses to industry and society.

Of 2,214 hospital bed patients diagnosed as having syphilis during 1933, 615, 27.9 per cent, were hospitalized because of syphilis. In the remainder, this infection was a finding incidental to some other illness. Illness directly due to syphilis accounted for 59,485 hospital bed days. Neurosyphilis accounted for more than half of the patients, for 89 per cent of the hospital bed days, and for a cost of (roughly) \$50,000. Cardiovascular syphilis accounted for (roughly) \$11,500 of the total hospital expense. The total cost of hospital care of syphilitic patients in 1933 was (roughly) \$75,250, of which \$49,500 was direct expense to the taxpayers. Seventy-one per cent of the total hospital cost was for patients under the age of fifty years; 74 per cent for the nearly irremediable cardiovascular syphilis and neurosyphilis.

The total cost of operation of ambulatory clinics was (roughly)

\$61,500, of which only \$2,000 was expended by the city, \$6,800 by the State, and \$33,000 by privately endowed charity. The sum available for ambulatory clinics is inadequate to care for the barest existing need, so that for many patients no treatment at all is available. The estimated cost of adequate ambulatory treatment of syphilis is \$25,000 per 1,000 patients treated; in Baltimore, where the city must provide for the care of approximately 3,600 new cases annually, a minimum of \$75,000 (instead of \$22,000) should be available, over and above the sums donated by privately endowed institutions. If this sum (\$75,000) were available the taxpayers' annual expenditure of \$50,000 for hospital bed care could be promptly and materially reduced by providing treatment which prevents the disastrous late sequelae of the disease; and, more important, the incidence of fresh infections with syphilis could be promptly reduced.

The cost of maintaining nineteen serologic laboratories, city, State, and hospital, is (roughly) \$35,250. Only six of these laboratories are large enough to provide serologic tests at low cost. If the remainder were closed, these hospitals utilizing the available facilities of the largest six laboratories, an annual saving of approximately \$9,000 would result.

In direct community costs alone, each new syphilitic patient is responsible for the charitable expenditure of about \$18 per year. Only by a reduction in the incidence of syphilis can the total expenditure be reduced. Only by the provision of adequate ambulatory clinics can the incidence of syphilis be reduced.

**Delinquent Patients in Venereal Disease Clinics.** Results of a study in Baltimore City health department. Ferdinand O. Reinhard & W. Thurber Fales. *Journal A.M.A.*, Chicago. Apr. 18, 1936, 106:1377.

Figures are presented for the period July-December 1933 which show that in the Baltimore clinics a large number of patients with syphilis did not continue their attendance until they had received the minimal optimal treatment of 20 doses of an arsenical and 20 doses of a heavy metal taken at weekly intervals in interchanging courses of 8 weeks each. Delinquencies were more frequent among the colored than among the white patients, especially among those with primary and secondary syphilis. White patients with latent syphilis did not continue treatment as long as those with primary and secondary syphilis, while the colored patients with latent syphilis continued their treatment longer than did those with primary and secondary syphilis.

Prior to 1933 there had been little attempt to follow up delinquent patients or to determine sources of infection and contacts of new patients and to bring them under treatment. At present three white women, one colored woman, and one white man are employed as full time social investigators. Delinquent patients with primary and secondary lesions and pregnant women are given first consideration. They are visited personally by the investigators. In other cases, when the patient is not found at home, a card is left advising him to return to the clinic. In case the patient has changed his address, the name is reported to the police department which attempts to locate the

patient. Recalcitrant patients are summonsed to a police magistrate's court and given a warning which often brings results. In early cases, summonses are issued after the patient has been absent from the clinic on two occasions and in early latent cases after they have been visited three or four times without results. In special cases letters are sometimes sent; they have been found about 40 per cent effective. In the case of contacts, persuasion alone must be relied on as a summons to a police court can not be issued for a person in whom the diagnosis of syphilis has not been made.

Much improvement is expected from the present methods. While it is not possible to estimate exactly the extent to which a venereal disease clinic of a city health department discharges its responsibility, the number of patients who receive the minimal optimal number of treatments furnishes a gauge of its effectiveness.

**Development of Adequate Treatment Facilities for Control of Syphilis.**—Joseph Earle Moore. *Journal A.M.A.*, Chicago. Sept. 5, 1936, 107: 878.

The author finds that the facilities for the treatment of syphilis are not adequate to care for the present case load, much less the number of patients who might be brought under treatment if there were an organized effort at case finding. The surveys of the United States Public Health Service show that 1,000,000 patients annually come under treatment for the first time and that at any one time 683,000 persons in this country are under treatment or observation for syphilis. Since the optimum average duration of treatment for early and late syphilis considered together is about two years, the number under treatment at any one time under the present conditions of spontaneous demand should be 2,250,000. For the present case load, therefore, available facilities are a little better than 25 per cent efficient, and for the potential case load only about 10 per cent. The factors that contribute to this poor showing are (1) the ignorance or carelessness of the treated patient, (2) the ignorance or carelessness of the treating physician, (3) the inconvenience and relative inaccessibility of treatment, and (4) the expense of treatment.

If the serologic test for syphilis were routine in both outpatient and inpatient departments, the author estimates (based on reliable data) that almost 2,000,000 patients might have been added to the 1,100,000 who were recognized—a total of 3,000,000 new syphilis patients annually. If this method of case finding were universally employed, the spread of syphilis would be reduced to this extent—the cases recognized over and above those diagnosable clinically would be (1) those patients with early syphilis in whom the infection had been symptomless, or in whom the lesions had been unrecognized or misinterpreted by the examiner, (2) the large class of those with latent syphilis, i.e., with no clinical evidence of the disease, and (3) those with late syphilis whose lesions had been overlooked or misinterpreted.

At present, facilities for the treatment of syphilis are provided by physicians in private practice, who care for perhaps 20 per cent of those under treatment, and privately endowed charitable hospitals,

municipalities and States. The latter agencies are responsible for the approximate 50 per cent of patients who can contribute nothing to the cost of their treatment and for the remaining 30 per cent who can pay something but not enough to finance private treatment. Only 22 States operate or subsidize a total of 511 State controlled clinics for the treatment of syphilis. Since all types of clinics together are only 25 per cent efficient with the present case load, they will be even less adequate if and when the case load is doubled or tripled by case finding and informative publicity. More clinics are urgently needed. It is the author's belief that when the magnitude and importance of the syphilis problem is brought home to the lay public there will be a demand for the provision of adequate treatment facilities which the public health official could not resist if he would.

**Home Economics and Parent Education.**—A great need for more simple, printed materials for use in parent education in all subjects concerned with family life and family relationships; much of the many materials dealing with child guidance and development need to be simplified for use with parents with limited educational background; practically no appropriate graphic materials exist for use with parent groups of limited education. These are the summarized results of a recent survey of parent education literature and materials made by a special committee of the American Home Economics Association's Department of Child Development and Parental Education, Dr. Ada Hart Arlitt, chairman. Mrs. Grace Powers Hudson, Assistant in Child Development and Family Relationships, was in direct charge of the project.

In the course of the survey bulletins and pamphlets and other materials were collected from numerous organizations, including national voluntary agencies, Federal departments such as the United States Public Health Service, the Children's Bureau, the Office of Education, and the Bureau of Economics of the Department of Agriculture, and certain state agencies such as university extension services. One worker, Mrs. Edythe Wallace, Home Counselor for Oklahoma City Public Schools, sent in a scrapbook containing newspaper clippings, cartoons and simple playlets appropriate for parent education work.

All these materials were carefully studied by the committee, and such as were selected for recommendation by the committee were mounted in portfolios as a permanent exhibit. Selection was made on the basis of accuracy of information, simple and interesting presentation of the subject, and of being helpful to and understandable by parents of limited education. A mimeographed guide-list was prepared and is available for general distribution. (Ask for *Guide to the Exhibit of Simplified Materials in Parent Education*, American Home Economics Association, Mills Building, Washington, D. C. Price 15 cents.)

This list gives sources of materials, price, and other details, which make it of practical use. Considerable social hygiene literature and

materials are included, and for ready reference the list is classified by subjects.

Among the survey committee's recommendations for the future are:

That agencies and organizations printing materials for parent education be encouraged to produce some of their publications in a more simplified and inexpensive form and to produce new materials that are simple, interesting, understandable, and inexpensive.

That an effort be made to determine the specific needs of leaders for simple printed and graphic materials to be used with parent groups of limited education.

That a committee for graphic materials be appointed to survey the field more closely for visual aids that are available or could be made available and to investigate possibilities for having new materials for visual instruction produced that are inexpensive and that meet the needs of study groups throughout the states.

For example: Investigate the possibility of having graphic materials made by W.P.A. workers.

That any original visual aids already found useful be reproduced where possible and made generally available at low cost.

That letters be sent to organizations, such as the National Congress of Parents and Teachers, suggesting that they reproduce some of their magazine materials, such as "It's up to us," in inexpensive poster form or on thin paper ready for coloring and mounting.

That the materials collected for this survey be put into form for a traveling exhibit to be loaned to state home economics associations, college groups, and parent groups.

**A Parent-Teacher Radio Program in Wisconsin.**—"More requests for these than for any other of our series this year" reports Emma F. Brookmire, Publicity Chairman for the Wisconsin Congress of Parents and Teachers, commenting on the four dialogue-talks given by Aimee Zillmer, Chairman of the Congress' Social Hygiene Committee and Lecturer for the Wisconsin State Board of Health.

Novelty, informality and liveliness were cleverly introduced by bringing before the microphone various persons whose questions and conversation helped develop a logical trend of discussion. For instance, in the first talk, called *My Child Asks Embarrassing Questions*, after brief remarks by Miss Zillmer, a mother, Mrs. Richards, curiosity of her seven year old boy. The second talk, *The Girl Grows Away*, brought in two high-school girls, Cele and Margaret, who came to ask questions after hearing a social hygiene talk in their class-room. *The Girl Returns* was a charmingly intimate bed-time conversation between a mother and her daughter about to be married. The scene for *Why Social Hygiene At All?* was set in the Board of Health office at the State Capitol, with the office stenographer, Miss Zillmer, and Mrs. Gail, a rather skeptical parent-teacher member who came to be convinced, and went away satisfied, regarding the value of social hygiene education.

Another unique feature of this program was the fact that study club groups of twelve or sixteen came together to listen to the broadcasts and discuss them, later sending in for copies of the talks.

Commenting further, Miss Brookmire attributes the popularity of the series to two chief reasons. First, the great interest in the subject, and the willingness with which parents are searching for reliable information and adequate approaches to social hygiene problems. Second, the unusually fine social hygiene program which is being carried out in Wisconsin through the work of Miss Zillmer, and Mr. Dwight Warner, the boys' and men's lecturer.

Copies of these talks may be obtained from the Wisconsin Congress of Parents and Teachers, 119 Monona Avenue, Madison, Wisconsin.

**Coordinating Councils.**—In answer to numerous inquiries on how to organize group agencies to combat the growing menace of juvenile crime, the National Probation Association has published a leaflet entitled, *Coordinating Councils—How Shall They Be Organized*, by Kenneth S. Beam, director of Coordinating Councils, Los Angeles County, California, and now attached to the Association's staff.

Many terms other than coordinating council are now used to describe this new type of agency, for example: neighborhood, child, youth, juvenile or community council. Such councils are now functioning in nearly 200 cities in more than 20 states. The councils under whatever names all have the following characteristics in common:

1. They are organized on a community or neighborhood basis.
2. They bring together representatives of many organizations interested in the welfare of children, youth, the family, and the community.
3. They do not act as agencies but as counselling or coordinating bodies.
4. They are interested in the prevention of delinquency. Some make this their major objective while others consider it secondary.

Three essentials for success in organizing councils are given: (1) a strong organization, public or private, to act as sponsor for the council movement; (2) an executive board, on which many organizations and agencies are represented, to act as a central policy-forming group; and (3) a field worker to act as a liaison officer between the executive board and the local councils.

In describing the function of a coordinating council Mr. Beam writes: "The genius of the coordinating council is that it works through many agencies, organizations, and institutions, but does not serve as an agency itself. When the council discovers some need, its job is not to meet the need itself, but to find the agency best equipped for this service. The wisdom of this policy is clear when it is remembered that the local council frequently has no paid staff, no equipment, and no budget. It does, however, have access to many institutions, many buildings, the personnel of many agencies, and the membership of many organizations . . . Reduced to its simplest

terms, the work of these councils can be summed up under these heads:

- "1. Study of the community to discover the major needs, problems and conditions affecting the lives, particularly, of children and youth.
- "2. Analysis of each of these situations to discover a solution or to make a definite recommendation.
- "3. Placing responsibility for action in the hands of the agency, organization, or committee equipped to accomplish the results desired.
- "The council proceeds from surveys to analysis, to plans, to action."

The survey made by the National Probation Association of the work of coordinating councils in various parts of the country reveals that they are operating along the following lines:

1. *Conducting sociological studies*, primarily to discover delinquency areas and constructive resources.
2. *Increasing recreation and group facilities*. This is often one of the first items on the program of a new council. The use of centers, playgrounds, and membership in organized groups and clubs is stimulated. New groups are frequently organized in areas of high delinquency where few clubs have existed. The council assists in securing leaders.
3. *Providing service for individual children*. Councils discover that many children in certain neighborhoods have not received the specialized service they need. If the desired service is not available the council can take steps to secure cooperation of the proper agencies.
4. *Giving special attention to young people from 16 to 25*. The council can cooperate with the National Youth Administration and can work in a variety of ways to meet the needs of this group.
5. *Removing or controlling destructive influences*. This work has to do with gambling machines near schools, undesirable motion pictures and shows, salacious literature, sale of liquor and tobacco to minors, and other undesirable influences.
6. *Improving the home environment*, through extending the parent-education program into districts not ordinarily reached.

The National Probation Association, 50 West 50th Street, New York, is equipped to furnish further information on this movement. Charles Evans Hughes, Jr., is president and Charles L. Chute, executive director. The Association supplies literature, answers questions and where possible offers field service to communities seeking to establish these crime prevention agencies.

**What Prospective Parents Should Know About Parenthood.**—The Maternity Center Association has recently issued as *Section III* of its *Kit of Helps* for health and educational workers, a mimeographed collection of material on maternity care for use among young people and young married couples. *Prepare for Parenthood* is the brief

and pithy title, and a basis is furnished in the text for newspaper feature articles, club or school talks, radio programs or other use. Brief factual statements regarding reproduction and child-bearing, a series of simple *Can You Answer This* questions, a quotation from some earnest remarks of Jack Dempsey on the subject of being a father, suggestions for editorial comment, and a list of pamphlets recommended by the A.S.H.A., pertaining to sex education and preparation for marriage make up a useful and attractive aid to those working for the improvement of maternity conditions. Write to the Maternity Center Association, 1 East 57th Street, New York, for a copy.

**Incidence of Syphilis Among Negroes in Washington.**—Robert S. Jascon. *Syph. & Neurol.*, St. Louis. July 1935; 19: 313.

During the year 1933 there were 4,982 admissions to the wards of Freedman's Hospital, Washington, and 11,743 patients were examined in the clinics. Serologic examinations for syphilis were made on 4,595 patients. Examinations were made routinely only in the obstetric and genito-urinary departments and in the genito-urinary clinic. Examinations were made of other patients only when infection with syphilis was suspected. The Noguchi modification of the Wassermann test was used, both acetone-insoluble and cholesterinized antigens being employed. Readings of two, three, and four plus were considered positive.

Of the 4,595 patients examined, serologic evidence of syphilis was found in 892, an incidence of 19.41 per cent, a much lower figure than has been reported in other surveys of negro hospital patients. The highest percentage was found in the gynecologic clinic, 31.6 per cent, and the lowest in the University health clinic—7.9 per cent of 38 students from Howard university. The percentages for the obstetric department and for children 10 years of age and under are of special interest. The Wassermann reaction was positive in 27.7 per cent of 610 pregnant women, and in 25.84 per cent of 89 children in the age group 0-5 and in 13.3 per cent of 68 children in the age group 6-10. The percentage for the age groups 11-15, 16-20, and 21-25 was 24 plus for each group. The incidence was not materially affected by the marital status. It appeared to be greater among the lower socioeconomic levels, but as all but 47 of the 717 patients whose occupation was known were in the class of skilled and unskilled laborers, the figures are not of great significance. Of 183 unmarried girls under 20 years of age, 26 per cent gave a positive reaction for syphilis. Excluding the pregnant women, the incidence among the females was not a great deal higher than among the males.

**Annual Report of the Biological Laboratory of the Health Department of Puerto Rico.** Fiscal year 1934-1935.—O. Costa Mandry. *Bol. Assoc. med. de Puerto Rico*, Santurce. Oct. 1935, 27: 250.

*Special studies. Syphilis.* It has been generally assumed that syphilis is a very common disease in the Island. This assumption, however, was not based upon any actual figures. An attempt was made to ascertain the prevalence of syphilis from a study of the positive reactions among the specimens sent to the laboratory from all



parts of the Island and among special groups studied by the author or by officers of the health department. The average of positive reactions from all these sources was found to be approximately 5 per cent, a figure not very different for that for the United States. The author points out that while 5 per cent may seem a rather low figure it represents more than 83,000 people who are probably infected with syphilis. The problem of the control of syphilis in the Island, therefore, is of paramount importance.

**Practical Results of Individual Prophylaxis of Syphilis.**—Marcel Pinard. *Prophylax. antiven.*, Paris. Apr. 1936, 8: 212.

Pinard in opening the discussion on individual prophylaxis at the French Congress for the prophylaxis of syphilis said that the use of prophylactic ointment had failed in the French Army possibly because it was not used or not properly used. The prophylactic methods are not free of danger. He has known of deaths from prophylactic treatment by the use of pentavalent arsenic compounds given by mouth. He also saw a severe mercurial stomatitis in the partner of a medical student who used calomel ointment before and after coitus. The success attributed to calomel ointment is not always due to the method. He describes three cases in which individuals came to him for advice after coitus with an infected partner. He advised waiting for developments in all of these cases and syphilis did not develop in any of them. He therefore, advises waiting for the treatment of syphilis until it appears.

Laurent described the case of an officer in Morocco who became infected from a coitus with a native women. Just before he learned of the infection his wife arrived and he had coitus with her and was alarmed for fear she would contract the disease. Under pretense of being given antityphoid vaccination she was given three injections of 914. Syphilis did not develop. Convinced of the efficacy of this method of prevention he used it in numerous cases. But finally an officer came to him with a primary lesion and told him that the night before he had had coitus with his fiancée. She was given two intravenous injections of 914, the first 0.45 gm. and the second 0.60 gm. In spite of that she developed a primary lesion. Since then he has not used this method of prophylaxis and finds that very often contaminations do not develop in spite of exposure.

Jame said that local drug prophylaxis is one of the minor measures in the prevention of syphilis. The important measure is the struggle against prostitution in which little has been accomplished.

Sicard de Playzoles insisted on the necessity for prophylactic education such as was advocated by Alfred Fournier. The French Society for Sanitary and Moral Prophylaxis which met at the Alfred Fournier Institute July 4, 1935, considered that the ignorance of young people is one of the chief causes of the dissemination of venereal disease, and adopted a resolution that the Ministry of Public Health be advised to establish a system of prophylactic, moral and sanitary education of youth as a protection against venereal disease.

Spillmann agreed that there can be no true prophylaxis of syphilis without education of the public.

Kitchevatz said that the new antivenereal disease law in Jugoslavia had provided for the opening of individual prophylactic stations but experience with them had not been favorable. The law provides for a compulsory medical examination before marriage as a means of preventing congenital syphilis. He says that the question of the value of preventative drugs is by no means settled and that education and propaganda are of the greatest importance.

**Individual Prophylaxis of Venereal Disease in the Merchant Marine.**—Clerc. *Prophylaxie antivén.* Paris. Apr. 1936, 8: 186.

The value of individual prophylaxis when properly applied is beyond doubt. There is truth in the argument that a general distribution of prophylactic ointments would encourage sexual promiscuity and perhaps give a false sense of security. But there can hardly be any objection to furnishing such prophylactic ointments to the sailors of the merchant marine who are removed by the nature of their work from normal home ties and some of them certainly will seek sexual gratification where it can be found regardless of consequences.

According to French law merchant seamen are treated at the expense of the steamship companies unless the illness or injury is due to a deliberate and inexcusable fault on the part of the seaman. The companies have held that venereal infection is acquired by such a fault and that, therefore, they were not responsible for its treatment. It may be argued on the other hand that while venereal disease is not strictly speaking an occupational disease, the seaman is exposed to greater venereal danger from the nature of his work just as he is to sunstroke in tropical countries, to typhoid fever from being obliged to drink impure water or to malaria from being obliged to go into countries infested with mosquitoes. None of these conditions are direct occupational diseases either but come from hazards to which the sailor is necessarily exposed because of the nature of his work.

Besides the economic loss from venereal disease is so great that it would be a true economy for the steamship companies to supply the prophylactic ointment.

Another suggestion has been made in regard to the interpretation of the law. The failure to use prophylaxis should be considered the inexcusable fault and the sailor who has exposed himself to venereal infection and has not used the prophylactic ointment should be the one to be deprived of the benefit of free treatment. This would encourage the use of the prophylactic ointment and would without doubt reduce the incidence of venereal disease in the merchant marine.

Needless to say the use of the prophylactic ointment need not interfere with any educative or other efforts toward the control of venereal disease.

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Supplement—"For All Our Sakes"

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### SOCIAL HYGIENE AND THE PUBLIC MIND

#### RECENT DEVELOPMENTS IN EDUCATION OF THE PUBLIC WITH SUGGESTIONS FOR A PRACTICAL COMMUNITY PROGRAM

DAVID RESNICK

*Public Information Consultant, American Social Hygiene Association*

Through publicity we can influence public opinion, and through the power of aroused public opinion we can achieve almost any purpose that is humanly possible. There is widespread realization of this vital force in the world today; and the struggle to win the interest, support and enthusiasm of the public has brought about a fierce struggle for attention. Some of the competitors for the spotlight are engaged directly or indirectly in furthering the sale of commercial products, others are seeking converts to political or social philosophies, and some are striving to improve the well-being of mankind through mass education concerning health problems.

Informing the public about the extent of venereal diseases and possible measures for their control has been a part of the program of the American Social Hygiene Association since its founding nearly a quarter-century ago. During the period of the World War, when the principal aim of the country was to mobilize a large body of men who were "fit to fight," there was much open discussion of syphilis and gonorrhea throughout the United States. After the war, when the soldiers and sailors returned as individual citizens to the obscurity of civilian life, the urgent need for protect-

ing them from venereal diseases was gone, and public interest in this problem abated. Then followed, as in a cycle, a period of about fifteen years during which the newspapers, magazines, radio, motion pictures and other media displayed a prudish attitude toward mention of what they euphemistically termed the "social diseases."

Meanwhile the American Social Hygiene Association persisted in its task, aiding the establishment of state and community social hygiene groups, spreading its message through pamphlets, films, the lecture platform, and every other channel which opened. But in addition to the medical journals and social welfare publications, only a few newspapers and magazines were bold enough to mention syphilis and gonorrhea by name, especially in the headlines. Radio stations, and particularly the broadcasting chains, shied away from the topic. The flame of public information was kept burning, however; it has flared up during the past two years and now is truly a beacon of light, illuminating many dark corners and starting action. The story of the ebb and flow, through the years, of America's interest and attention concerning this subject has been related in previous issues of the JOURNAL OF SOCIAL HYGIENE.<sup>1</sup>

#### *The Newspapers Break the Taboo*

Although it is difficult to mark the exact turning point when the self-imposed censorship of the daily press began to give way before the persistent efforts to end it, this change was clearly discernible by October, 1935, when the *Chicago Tribune* published a series of three full-page articles on syphilis, one each Sunday, under the by-line of John A. Menaugh. It was the first series of articles of this kind ever presented in an American family newspaper, so far as known. Written in popular style, and illustrated attractively, the articles traced the history of syphilis through the centuries, gave specific information as to methods of avoiding the disease, and emphasized the importance of prompt treatment for anyone who is infected. Hundreds of readers and numerous organizations sent their commendations to the *Tribune*. Another fine series of Sunday articles appeared in November, 1936, and this newspaper continues in the forefront of the drive for venereal disease control. Reprints of these and other articles were distributed by the A.S.H.A. to newspapers

<sup>1</sup> *New Brooms and Old Cobwebs*, Jean B. Pinney, JOURNAL OF SOCIAL HYGIENE, April, 1936.

*The First National Social Hygiene Day*. Same author. JOURNAL OF SOCIAL HYGIENE, March, 1937.

throughout the country to aid their staff writers in the preparation of similar articles.

*The New York Daily News*, sister paper of the *Chicago Tribune*, became one of the most consistent and one of the most effective supporters of the fight to stamp out syphilis. It was the first of the great New York dailies to enlist in the cause when it published in February, 1936, four full-page special articles by Carl Warren, a star reporter, following this up with another series of four more full-page articles a month later. The demand for back issues became so great that *The News* reprinted the articles in a 32-page pamphlet and sold nearly 20,000 copies at five cents each. Three of the articles were reprinted by the New York City Health Department which distributed 350,000 copies to city employees, students, labor unions, women's club members, and others. A third series of six special articles by Mr. Warren was published in April, 1937.

Forceful cartoons by C. D. Batchelor, staff cartoonist, of *The News*, helped to dramatize the crusade. One called *The Ice Pack Breaks Up* was used as the official poster throughout the country for the First National Social Hygiene Day. The drawing showed the ice blocks of prudery and ignorance melting away and freeing a ship labeled "prevention and cure of venereal disease." In addition to eight full page articles and seven cartoons dealing with syphilis, *The News* published during 1936 six editorials, twenty-five spot news stories and eight columns of letters in *The Voice of the People* concerning this subject. For such a record of "meritorious public service," *The News* subsequently received honorable mention from the Pulitzer Prize Committee of the Columbia University School of Journalism. At the same time, Mr. Batchelor received a First Prize from the Pulitzer Committee for his "distinguished example of a cartoonist's work." Although the drawing that won the award was essentially a preaching against war, it incorporated a good social hygiene message too; war was personified by a figure of Death dressed as a prostitute, trying to lure an inexperienced European youth to her "furnished room."

The year 1937 has been outstanding in recognition of the value of social hygiene education of the public. Not only did the Pulitzer Prize Committee honor the *News*, but the Annual Advertising Awards gold medal for the "greatest contribution to the advancement of advertising as a social force" was presented to the Public Health Institute of Chicago for its newspaper advertisements devoted to warnings against venereal disease. The copy was prepared by Blackett-Sample-Hummert, Inc., of Chicago. The extent to which newspaper barriers are down is disclosed by a questionnaire entitled "Calling a Spade a Spade" and sent to all members of the New York State Publishers Association. Out of 42 replies from daily newspapers, only two said they did not subscribe to "open discussion of syphilis in our columns and headlines."

That the point of view expressed by the New York State newspaper publishers is becoming general now among their colleagues throughout

the country is indicated by a study of 5,000 different newspaper and magazine clippings which came to the attention of the A.S.H.A. during the three-months intensive publicity effort on behalf of Social Hygiene Day, February 3, 1937. Approximately 1,200 of the nation's 2,000 dailies were represented among the clippings received, with many of the smaller dailies undoubtedly not included.

In adopting a wide-open policy regarding news and feature material about venereal disease, the press is reflecting the wishes of an overwhelming majority of readers. This is clearly apparent from the results of four different polls taken by the American Institute of Public Opinion. By a ratio of nine to one, men and women in various strata of society voted in favor of public education on the subject, government clinics for treatment of syphilis and gonorrhea, and legislation requiring health examinations before marriage. By a ratio of four to one, voters favored the Federal government's expenditure of \$25,000,000 in a campaign to bring these diseases under treatment, and arrest their spread, and to initiate preventive measures.

News created by the undertaking of Dr. Thomas Parran, Surgeon General of the United States Public Health Service, to make syphilis "the next great plague to go" has accelerated the changed attitude and the increased interest of newspapers and magazines. Most of the large press associations and syndicates have dropped their ban completely. Hundreds of daily papers, for instance, have carried a series of articles about syphilis and gonorrhea by Dr. Morris Fishbein syndicated through Newspaper Enterprise Association, or a series by Dr. Iago Galdston sent out by the Associated Press, or a series by Jane Stafford of Science Service. At least 25 dailies published their own series, prepared by staff writers, in 1937. The spirochete and gonococcus are likely to become household words.

One of the principal objectives of our 1937 publicity was to elicit editorial commendations from newspapers and thus to pave the way for the fuller publication of news and human interest material. We sought an attitude on the part of city, telegraph, Sunday feature and other editors that would cause material about venereal diseases to be judged by the ordinary standards of reader interest and public importance, without fear of violating policy. The result was a flood of editorials urging wholehearted public support; and many newspapers used cartoons to reinforce the points of their editorials. For instance, on September 1, 1937, the *St. Louis Post-Dispatch*, thundered editorially, and with specific recommendations, for a program of action to control venereal diseases in Missouri; in an adjoining space on the same page was a striking cartoon by the nationally known D. R. Fitzpatrick, showing the outstretched hand of a doctor or nurse reaching for the curtain behind which a figure of Death labeled "venereal disease" is lurking (see Plate II).

### *Magazines and Periodicals Do Their Share*

Limitations of space do not permit here a listing of the numerous magazines that are helping to spread scientifically accurate informa-



tion about venereal disease. Nevertheless, it would be a decidedly incomplete story which did not refer to the several articles published by *Readers Digest*. They have attracted more attention, we learn, than any in that remarkable magazine, with the single exception of the graphically written article *And Sudden Death* on automobile accidents two years ago. The ball started rolling when the *Readers Digest* devoted 10 pages of its July, 1936, issue to a condensation of Dr. Parran's excellent outline of the syphilis problem in *Survey Graphic* of the same month.

Full page advertisements in metropolitan newspapers were used by the *Ladies' Home Journal* to call attention to an article by Dr. Parran and Paul de Kruif in its August, 1937, issue, titled *We Can End This Sorrow*. The advertisement recalled that "Thirty-two years ago, the *Ladies' Home Journal* began the first crusade against venereal disease ever to appear in a magazine of general circulation. In a few months, it brought more than 75,000 cancellations of subscriptions. Yet Edward Bok, editor of the *Journal*, persisted in the face of threats of physical violence, business ruin, social ostracism. He made venereal disease a mentionable subject—the first step in the progress America has made against it."

The entire front cover of the February 13, 1937, issue of *Editor & Publisher* was used by the *Chicago Tribune* for an advertisement titled *End of a Taboo* and reviewing its activities in the fight on venereal diseases. "As far back as 1913," this promotion copy recalled, "the *Tribune* defied the taboo against the word 'syphilis' during its successful campaign against quacks who posed as 'Men's specialists,' and advertised quick cures for social diseases. Later, in 1922, it began to print news articles and editorials in an effort to expose and eventually abolish venereal diseases. Plank No. 1 in the *Tribune's* editorial platform for America is: 'Conquer the Syphilis Plague.'"

Paid advertising space in trade journals is being employed by manufacturers of proprietary medicines, and in popular magazines by insurance companies, for discussion of venereal diseases. The Metropolitan Life Insurance Company's famous little essay on *The Great Imitator* appeared in the January, 1937, issues of 19 leading family magazines with a combined circulation of more than 20,000,000.\* Several plans are under consideration at present for the inauguration of institutional advertising in newspapers under the sponsorship of industry but without public credit to the business firms subsidizing the project.

### *Through the Microphone*

Just as those newspapers and magazines with the courage to publish articles on syphilis receive credit for it, the radio stations which permit discussion on the air—and the great broadcasting chains too—deserve praise for opening up this powerful and wonderfully per-

\* This was the third time that the Metropolitan has published an advertisement dealing with syphilis, previous occasions having been in 1928 and 1930.

suasive avenue of public education. The Mutual Broadcasting System invited Dr. William F. Snow, General Director of the A.S.H.A., to speak with the utmost freedom over a coast-to-coast network from Station WOR, February 2, 1937, and both the National Broadcasting Company and the Columbia Broadcasting System now permit references to syphilis and gonorrhea in talks by medical authorities.\*

While the radio networks hesitated to grant unrestricted use of their facilities for publicity about the venereal diseases, numerous individual stations took a different position. For several years the Municipal Broadcasting Station of New York City, WNYC, has scheduled at least one talk every month on the subject of venereal diseases; and it reports that not a single letter of criticism is included among the thousands of comments received on these talks.

Although the radio networks move cautiously in liberalizing their policy on venereal diseases, they realize that tremendous changes in public sentiment have taken place in recent years; and as straightforward discussion of syphilis and gonorrhea becomes increasingly acceptable to all classes of society, the networks promise, they will enlarge the scope of their cooperation. "Broadcasting's approach to the problem of social hygiene must be a gradual one if it is to be constructive," declared Frederic A. Willis, Assistant to the President of the Columbia Broadcasting System, in an address at the New York Regional Conference on Social Hygiene, Feb. 3, 1937. Mr. Willis spoke before a session on the press and radio as aids in venereal disease control. The holding of this particular session was staged as a technique of public relations, and we have since observed various signs of its value. On the same program, Mr. Carl Warren spoke as a newspaper man; Mr. Myron Weiss, Associate Editor of *Time*, from the standpoint of the magazines; and Mr. Seymour N. Siegel, Assistant Director of WNYC, from the standpoint of an independent radio station.

To supplement the scores of radio talks which state and local social hygiene groups arranged in their communities as part of the observance of the First National Social Hygiene Day, the A.S.H.A. offered to each of the approximately 700 broadcasting stations in the United States, without cost, an electrical transcription of two brief talks by Dr. Parran and Dr. Ray Lyman Wilbur, President of the Association. Despite the fact that the offer was made less than two weeks before the date on which this 15-minute program would be most suitable, sixty radio stations broadcast the record and reported the exact time it was used; orders came in shortly afterwards which brought the total to more than a hundred.

### *The Stage, Motion Picture Screen*

In addition to radio and the press, other media contributed a great deal toward making 1937 the peak year in this campaign of public

\* NBC scheduled talks on venereal diseases by Surgeon General Parran and Dr. George Gallup, director of the American Institute of Public Opinion, Oct. 4 and 5, 1937, in connection with the *New York Herald Tribune's* Seventh Annual Forum on Current Problems.

information. More enlightened attitudes shown in publishing and over the air undoubtedly stimulated the New York State Board of Censor's decision to approve for commercial showings the motion picture drama *Damaged Lives* and the A.S.H.A. lecture film which accompanies it, *Science and Modern Medicine*. After being exhibited in dozens of states and in many foreign countries during the four years since it was produced, the movie finally opened on Broadway in June for a run of two months and then began the rounds of neighborhood houses throughout the state. Several other motion pictures with an emphasis on social hygiene were released in 1937 by producers seeking to capitalize on the current drive and the heightened interest of the general public. Two motion pictures, one for laymen and another for physicians, have been prepared by the U. S. Public Health Service.

A New York theatre producer revived the famous play by Eugene Brieux, *Damaged Goods*, but Broadway found it "old stuff" and the play closed after a few nights. The *New York Herald-Tribune* reported that "no more protest is aroused than there would be over a revival of 'Pollyanna.' Twenty-four years ago Richard Bennett had to labor for months to enlist the support of organizations and individuals before any manager would let him have a theatre for it, and before he could be assured that there would be no interference by the police."

The talking-slide film on syphilis, *For All Our Sakes*, was sponsored by the A.S.H.A. for use by health officers, service clubs, department stores, medical and nursing groups, social agencies, and others as a means of presenting to audiences simply and tactfully, yet with dramatic force, the chief facts about the disease epitomized as "the king of killers." The General Federation of Women's Clubs and the U. S. Public Health Service are joint sponsors for this production, which is available to organizations wishing to purchase or rent a copy.

### *Posters and Exhibits*

Posters also have played a part in the barrage of warnings, advice, and reassurance. A number of posters prepared by the U. S. Public Health Service were displayed throughout the nation, and reproductions were syndicated to newspapers through the cooperation of Science Service. Artists of the W.P.A. prepared a set of posters for the New York State and New York City Health Departments. Probably the most comprehensive collection of exhibits and posters was that brought together in New York City by Dr. Jacob A. Goldberg for the 1937 Regional Conference on Social Hygiene which he so ably stage-managed.

### *Plans for the Second National Social Hygiene Day, and Some Suggestions for Publicity*

In this condensed account of the virtual whirlwind of planned and spontaneous publicity interpreting the venereal disease problem to the masses as well as to leading citizens, the extent may be suggested

by the fact that more than 500 local meetings and regional conferences, with an estimated total attendance of 100,000, were held in cities, towns, and villages, on the First National Social Hygiene Day. Educational, religious, civic and other organizations collaborated with the medical and nursing professions, health officers, et cetera, in furnishing speakers and making arrangements for these "stay-at-home" meetings.

The success of the 1937 National Social Hygiene Day resulted in a decision to repeat the event, and the date of Wednesday, February 2, 1938, has been selected. It is hoped that such occasions may serve as opportunities, in this and after years, to build up public interest in a continuous crusade to eradicate syphilis and to lower the prevalence of gonorrhea. Local groups backing such activities are urged to take full advantage of the cooperation which may be furnished by newspapers, since they constitute the major channel for social hygiene publicity at the present time. Despite the gloomy predictions of those who said ten or fifteen years ago that radio meant the doom of newspapers, and despite the dark prophecies of today that newspapers will be obsolete when television is perfected, the press is likely to continue as the most important medium of public education for a long time to come. The chief reason, of course, is the fact that a newspaper or periodical is available at the time most convenient to the reader and that he can pass it on to others when he is through with it. The virtues and the shortcomings of American journalism have been the subject of much discussion in recent years, but we owe it our deep gratitude for the splendid service it is rendering in the campaign to enlighten the "man in the street" about venereal diseases.

A salaried publicity director, with newspaper training if possible, is invaluable in such projects as Social Hygiene Day, but whether or not such expert help is available, it is desirable to have a publicity committee which includes representatives from all the participating agencies. This committee will be needed to gather information; the selection and dissemination of the material, however, should be done by one person who is trained to handle news copy. Sometimes the publicity director of the community chest or council of social agencies can assume this responsibility—in view of the close relationship between the venereal disease problem and the work of many health and welfare organizations. One of the most important lessons the First National Social Hygiene Day taught us was that the success of a local celebration depends on the cooperation of a wide diversity of groups.

In the chapter on "The Nature of News" in his book, *Public Opinion*, Walter Lippmann explains that most important news topics are disorganized; the facts are generally not simple, and not at all obvious, but subject to choice and opinion. "The development of the publicity man," says Mr. Lippmann, "is a clear sign that the facts of modern life do not spontaneously take a shape in which they can be known. They must be given a shape by somebody, and the

publicity man does that. And in doing it, he certainly saves the newspaper reporter much trouble, by presenting him a clear picture of a situation out of which he might otherwise make neither head nor tail. The need for some formulation of the facts is being met by the interested parties."

The point made by Walter Lippmann is applicable particularly to the voluntary health and welfare agencies. Their work would be largely unreported, except for a few articles of a sensational nature, if they did not provide the press with carefully prepared statements in journalistic language at frequent intervals.

Sometimes, the most spectacular kind of publicity results from an unexpected opportunity or from a "stunt" that is deliberately arranged by local groups. One of the "stunts" attempted recently was the Chicago parade of 1,500 boys and girls, volunteers from the National Youth Administration, who carried banners through the downtown business district on their march to city hall where they heard addresses about the menace of the venereal diseases. Afterwards, the marchers went to all parts of the city bearing packages of ballots for distribution to hotels, apartment houses and boarding houses, in a referendum asking citizens whether they were willing to submit to voluntary, free, and secret blood tests for syphilis.

In Stillwater, Okla., some 600 students at the Oklahoma Agricultural and Mechanical College made news when they petitioned the college authorities to establish the Wassermann test for syphilis as a part of the students' regular physical examination. In several states, bills were introduced in the legislature which required that applicants for marriage licenses must have a health certificate attesting their freedom from syphilis, and this was an opportunity for publicity on the extent of venereal diseases.

Some ministers have used dramatic methods to call the attention of their congregations to the syphilis question. The Rev. C. A. Perkins, pastor of the Methodist Episcopal Church in Hennessey, Oklahoma, not only preached a sermon on the subject but arranged for the showing of motion pictures and for talks by physicians in his church. Handbills distributed in advance over a ten-mile area advertised a "Big Venereal Meeting." As a direct result of Rev. Perkins' example, a group of Methodist ministers in Oklahoma City used similar methods.

Endorsements from ministers, physicians, public officials, and other prominent men and women in the community are helpful in securing the interest of the general public. The observance of Social Hygiene Day and plans for a local meeting may serve as the occasion for inviting such endorsements. These can furnish the basis for a story in the newspapers and for items in church bulletins.

Here are a few general ideas which may be helpful to local groups, especially for Social Hygiene Day:

1. Send a news story to the City Editor of each daily or weekly newspaper in town, giving the plans for any meeting or other observance which has been scheduled. This should contain the statistics on the number of persons with syphilis or gonorrhea in your town or state, obtainable from your local or state health officer; it is estimated that 5 per cent of the population have syphilis and at least twice this number have gonorrhea. Added to this story, there might be a statement in the name of your group or a prominent physician, commenting on the significance of National Social Hygiene Day and explaining the objectives of the movement.

2. Call upon, if possible, or write to the Editor of the Editorial Page on each of your local newspapers, requesting that an editorial be published urging the citizens of your town to support the campaign against syphilis and gonorrhea. Give him the factual background for an editorial. Some of the A.S.H.A. material will be useful for this purpose.

3. Prepare a brief news bulletin about your meeting, and include the figures on the number of persons estimated to be suffering from venereal diseases in your community. Ask the News Broadcaster on each of your local radio stations to make some reference to this in his news period.

4. Ask the Program Director of your local radio station to schedule a 15 minute talk reviewing the program of the United States Public Health Service and the American Social Hygiene Association, together with facts about local conditions.

5. Try to arrange for publication of a series of special articles in one or more of your local papers. The City Editors may assign staff writers for this purpose, if you offer to help in securing material. If the local paper is willing, communicate with the A.S.H.A.

6. Seek out the Editors of any foreign language newspapers in your community, and ask them to translate some of the material in your possession, as a special article. For the foreign language newspapers, it is important to give exact information about available clinics, hospitals, medical societies, qualified private physicians, etc.

7. The employee publications and house organs issued by industrial firms in your city may be interested in a brief article about the loss of man power suffered by industry, and the loss in wages suffered by workmen, as the result of venereal diseases. The editor of the publication may write this himself, but he will be more apt to use such an article if you give him the material in a form that will not require too much editing.

8. An old fashioned method of securing publicity, but worthy of use, is to prepare a "Letter to the Editor" and have some prominent citizen sign it, for publication in your leading newspaper.

9. An exhibit of material in your public library, medical society, or elsewhere, will be a means of reaching a select audience.

10. The anniversary of the founding of your social hygiene group, if there is one in your town, especially if it is the fifth, tenth, or fifteenth anniversary, is a good time to issue a statement recalling progress achieved and outlining plans for the future.

All of these suggestions, of course, cannot be employed in every community. Modifications and other ideas will naturally present themselves for adaptation to special community conditions, but these methods are recommended for securing the interest and understanding of lay men and women as well as of professional groups. The American Social Hygiene Association is glad to advise state and local agencies or individuals on special problems, in public education on syphilis and gonorrhea. The Association believes that the wider opening of the press and radio to this subject gives promise of tremendous opportunities for influencing public opinion.

## SYPHILIS IN PICTURES

R. A. VONDERLEHR

*Assistant Surgeon General*

AND

PHILIP S. BROUGHTON

*Informational Assistant, United States Public Health Service*

Syphilis—the disease that hides. The disease that can fester secretly for fifteen years and then strike down its victim so adroitly that even his physician blames the death on something else. How to picture syphilis?

One must first decide in any campaign of education, whether visual or verbal, what it is that is wanted. For if one wants *only* pictures they are not hard to get. Syphilis has its visible stages. Any file of clinical records is full of photographs and drawings of chancres. Anybody who looked at one of these would, assuredly, develop a distaste for ever acquiring one. Why not picture these?

The reasons are many. Doctors, often as not, photograph the chancre because it is non-typical, and a record of it is desired. For educational use, only those chancres which appeared on less typical parts of the anatomy could be used. Finally, one would cement in the minds of the populace an association between syphilis and chancres which would reassure every latent syphilitic, reassure every person who had

thoughtlessly driven the incipient chancre underground with an application of iodine and then forgotten all about it.

Tabetics, or sufferers from general paralysis, are equally useless as the picture symbols of a campaign. They are not typical cases of syphilis. They are warnings of what might happen in the future if syphilis is untreated.

Either the chancre or the neurosyphilitic would serve to scare the public out of its senses about syphilis. Neither would serve the purpose of educating the public in any constructive course of action. Fear would be as apt to drive the reader to a quack as to a physician, to a drug store as to a clinic, a fact which quacks and patent medicine men seized upon long ago.

### *Objectives*

The job which visual education must do is to support the theme of the campaign against venereal disease. That campaign is directed toward (1) the establishment of adequate facilities for diagnosis and treatment, regardless of economic status, (2) seeing that those facilities are used, by making the blood test routine, bringing the infected to treatment, and keeping them there until cured.

To secure the establishment of adequate facilities in every State, city and rural community, the voters and officials must be made to act. To make them act, they must be shown: (a) That syphilis is a problem worthy of attack, that it is serious, widespread; (b) that syphilis can be attacked with weapons of proven effectiveness; (c) that it is cheaper to fight syphilis than not to fight syphilis.

To secure the use of these facilities, whether public or private, one must arouse, not an indefinite fear of syphilis, but a confidence in the medical profession's ability to control syphilis. To every person this thought must be driven home: Only the laboratory can *prove* infection, only the darkfield and the blood test in skilled technical hands are dependable. Every syphilitic must be taught that his disease can be effectively arrested by modern medical science and *only* by modern medical science.

These are the principles upon which any campaign of



visual education on the syphilis problem should be based. Test your own campaign in their terms. Test, also, these efforts which the United States Public Health Service has made to fight syphilis.

### *Research*

One needs, not only objectives, but weapons—facts—tangible evidence. Contrary to a popular impression the campaign against syphilis did not spring full-armed into existence with the publication of Surgeon General Parran's articles in *Survey Graphic* and *Readers Digest*.<sup>\*</sup> There had been a long period of preparation for those articles.

There were, first, the long sampling surveys, begun by Lida J. Usilton, when Doctor Parran was Chief of the Division of Venereal Diseases. These, by 1934, had included urban and rural communities containing more than 20 per cent of the population. They gave us more accurate figures than ever before on the prevalence and trend of venereal disease. They told us at the same time how bad reporting was. These figures were the keystone of the public education campaign as waged during the first year. One could tell the country, for the first time, how much syphilis there was.

There were the several technical studies of treatment conducted by the Cooperative Clinical Group. These brought order out of the conflict of treatment methods. They provided more definite data as to the effectiveness of treatment than had ever been available before. One could state, on the authority of thousands of clinical records, the chances of cure; one could set forth, for illustration, a standard regime of treatment which could be expected to yield certain results.

Finally, there were administrative studies. A New York Commission, Public Health Service officials, and independent investigators studied venereal disease control in Scandinavia and Great Britain. An advisory committee to the United States Public Health Service drafted recommendations for State and local programs.

Thus, the social problem, the medical problem, and the problem of public health administration, were taken successively in hand.

### *Pictographs*

It was natural that the first step in the campaign should concentrate on making people realize the problem. Syphilis, in print, was still a new word to the average reader. He had to be told *why* he should read about syphilis. In such articles as those of Dr. Parran's were certain facts citizens ought to know. It is safe to say that to a million or more, of the several million Americans who

<sup>\*</sup> *The Next Great Plague to Go*. Survey Graphic, July, 1936, and *Why Don't We Stamp Out Syphilis?* Readers Digest, July, 1936.

read them, they are remembered for the pictographs which went with them.

Not merely memory, but effective, unanswerable argument, went into those pictographs. *Prevalence*: Ten victims of syphilis, as against five for scarlet fever, two for automobile disabilities—"each figure," said the legend, "represents 50,000 cases in 1934." *Age distribution*: Thirty-seven cases in the 16-30 age group—each represented by a small figure—as to every ten for the next fifteen years of life. It became graphically clear at what age venereal disease education should start. *The effectiveness of control measures*: Twelve victims in Sweden in 1919 to every one in 1934. One victim of syphilis on a map of Scandinavia—as against twenty-five on a map of equally populous New York.

In the *Survey Graphic, Readers Digest*, in the nearly two hundred newspapers which ran the Surgeon General's article serially, in the several hundred thousand reprints which were purchased for distribution by State health departments and private agencies, the pictographs became symbols of that first stage of the campaign. The originals and photostats made from them have been used as posters. They were used also as subtitles in a motion picture on syphilis made by Senior Surgeon John D. Reichard of the Public Health Service, described below:

### Posters

In the Summer of 1937 the U. S. Public Health Service issued a set of six posters. These were to be used in the local campaigns. Whereas the pictographs set forth objectively the facts of syphilis as they concern the community, the posters bring the same message home to the individual.

The subject matter of these posters is respectively: (1) *Syphilis strikes one out of ten adults*; lightning strikes one man in a marching column of ten men. (2) *Competent medical care versus self-treatment*; a physician with a microscope and books in one corner, a bawling column of patent medicine fakers, a brief caption of exhortation to avoid the quack. (3) *Acquired syphilis*; illustrating the higher expectation of cure through early treatment. (4) *The duties of the health department in syphilis control*; reporting, laboratory, clinics, follow-up, education. (5) *Syphilis wrecks marriage*; pictures bride and groom and advises prenuptial blood test. (6) *Syphilis kills babies*; proper treatment of the expectant mother prevents the infection of the unborn child.

These six posters are printed in four colors. They are available from the Government Printing Office at 75 cents a set, and have been widely purchased by educational institutions, State and local health departments.

### Photographs

The pictographs and the posters carry the social message. We next turn to the development of photographs and the story of medicine against syphilis. Effective photographs for educational purposes

must be more than technically accurate reproductions. They must lift from the context of the thing pictured an element which accurately symbolizes and serves to dramatize the work. The Public Health Service has recently developed a series of pictures which illustrate the work of syphilis control. These are being promptly released to the press a few at a time. Each release drives home a specific step in the program—the blood test, the darkfield, treatment, follow-up and case finding, etc.

The pictures were released to newspapers and to principal commercial picture services and have been carried in newspapers throughout the country. The Associated Press reports that their release of these pictures ranks with the best 10 per cent of their picture stories of the last ten years. In many communities local newspapers followed up the Public Health Service pictures with pictures in local laboratories, taken by their own staff photographers.

As illustration of the possibilities of photographic work, the Associated Press developed its pictures into a "strip story."<sup>1</sup> That is a half dozen pictures each with 50 words of caption told, seriatim, the progress of a case. Thus (a) a darkfield test is made, (b) blood is taken from an arm, (c) blood specimens arrive in mailing tubes at the central State laboratory, (d) the laboratory runs the test, (e) two test tubes held before the light, one clear, the other a cloudy positive, tell the story, (f) treatment begins, an administration of arsphenamine. With 40 words of caption for each picture the reader is left with a pretty clear idea of the steps involved in finding syphilis and bringing it to treatment.

The same technique can be employed for charts, exhibits, slides and posters. Other uses of this photographic material are now being developed in the Division of Venereal Diseases. It will be noted with these photographs that, as with the posters, there is no need to arouse fear or to concern one's self with the clinical manifestations of syphilis. There is a simple dramatization of diagnosis and treatment. Emphasis: Diagnosis is sure, accurate and scientific. Treatment is safe and its results certain in the hands of qualified physicians.

### *Motion Pictures*

During the Spring of 1937 Senior Surgeon John D. Reichard completed two two-reel motion pictures for use in venereal disease education. One of these, *Syphilis: Its Nature, Prevention and Treatment*,<sup>2</sup> is intended for popular education. It employs a newsreel method and describes the prevalence of syphilis, the steps necessary for its control and treatment, and also the late complications of untreated syphilis. Doctor Reichard's other film, *Syphilis of the*

<sup>1</sup> The name is derived from the similarity of the method to that of the comic strip.

<sup>2</sup> A limited number of these films are available on a loan basis from the Division of Venereal Diseases, U. S. Public Health Service. They are purchasable from the Agfa Ansco Company, 245 W. 55 Street, New York City.

*Central Nervous System*, is intended for professional education. Various private foundations and educational associations have discussed with the Public Health Service the professional production of syphilis education films. Steps are also being taken within the Service to produce a talking motion picture.

### *An Illustrated Booklet*

A pamphlet of instruction (V. D. Bulletin No. 91) was issued by the Public Health Service in July, 1937. In manuscript, this booklet was carefully checked with experts of elementary and workers education, it was given inmates of public institutions, relief workers and student groups to insure that its vocabulary be simple and that its information answer the questions normally asked. It is illustrated. Its purpose is to give the patient so clear an understanding of his disease that he will remain in treatment and bring his previous contacts to treatment. Its title: *Syphilis, Its Cause, Its Spread, Its Cure*.

### *Professional Education*

Graphic materials have been developed in several quarters for the education of physicians and for use in the medical schools. In addition to the 16 mm. silent film, abovementioned, the Service cooperated with the American Medical Association in the production of a professionally filmed picture for use in medical schools. The WPA Artists Project cooperated with the American Medical Association in the production of picture charts for use among professional groups. These charts have been turned over to the Service for the making of slides, and for the development of other distribution. The bargraphs which show the results of the evaluation of serodiagnostic tests studies have been prepared in chart form for exhibits, on slides, and in printed form.

Some of these professional materials may be adapted from time to time for special lay groups, but, in general, such use is limited. Slides, as an educational device, have not been generally useful outside of professional circles.

### *Evaluation*

Information is being gathered on the reception which these efforts at visual education have had. Posters may be impressive, the clipping services may adequately testify that pictures have been run regularly in cities throughout the country. There are evidences of public support as found in the American Institute of Public Opinion Polls. Legislatures show increased willingness to vote funds for venereal disease control.

But how much effect has each method of education shown? If the objective is local public support for a program, how much emphasis should be placed on a newspaper campaign, how much on organized talks to special groups? What is the value of posters in bringing the infected to diagnosis and treatment and where may these posters be most strategically placed? How may educational funds be most

economically applied to obtain the objectives of a particular community? The answer will vary from town to town and from region to region. We are seeking the answers to such questions as these and hope that we will be able to offer as effective consultation on the educational aspects of the venereal disease control program as on the technical phases.

## THE AMERICAN MEDICAL ASSOCIATION'S BUREAU OF HEALTH AND PUBLIC INSTRUCTION \*

W. W. BAUER, M.D., *Director*

The Bureau of Health and Public Instruction, first organized as a council in 1910 and reorganized as a bureau in 1923, is closely affiliated with *Hygeia*, the Health Magazine. The director of the Bureau is associate editor of *Hygeia* and the assistant director is a member of the *Hygeia* editorial board. The Bureau contributes editorials and articles to *Hygeia* and edits the Question and Answer Department, as well as assisting in the general editorial work of *Hygeia*. The Question and Answer correspondence represents 8,000 letters and more than 12,000 questions every year. These questions are answered by experts all over the country. All answers are transmitted to the inquirers by mail, and somewhat less than 1 per cent of them are published in the monthly Question and Answer column.

The Bureau is in charge of the radio program of the American Medical Association. All scripts are planned in the Bureau, written by a professional script writer of the National Broadcasting Company, carefully checked by the Bureau, and production is supervised by the Bureau. The director of the Bureau alternates with the editor of the *Journal of the American Medical Association* in delivering the brief summary which closes each radio program. This program is now broadcast weekly over approximately sixty stations on the Blue network and affiliated group networks of the National Broadcasting Company. It is a dramatized program with music and sound effects; it takes thirty persons to put it on the air.

The Bureau maintains a radio library of 868 titles, which is constantly being kept up to date. All the shelves on one side of the Bureau, as seen in the background of the general office picture, are filled with the stock of radio talks, which is drawn from talks broad-

\* Reprinted by permission from The Journal of the American Medical Association, March 13, 1937, Vol. 108, pp. 83B and 84B; Copyright, 1937, by American Medical Association.

cast by state and county societies and health departments and is, in turn, used by local medical societies and in radio broadcast projects approved by them. The Bureau attempts to assist state and county medical societies not only with radio talks but with consultation in matters relating to public health and educational publicity, by acting as a clearing house and medium of exchange for experiences in this field. More than 4,000 letters and telegrams are received and answered by the Bureau each year in the discharge of this service and in cooperative relationships with lay organizations. The American Medical Association, through this bureau, now cooperates in joint or advisory committees with the National Education Association, the National Congress of Parents and Teachers, the General Federation of Women's Clubs, the American Public Health Association, the National Committee for Boys' and Girls' Club Work, the United States Public Health Service and the United States Children's Bureau. In addition, the Bureau gives advice and counsel informally to numerous inquirers on behalf of lay organizations interested in health.

The Bureau maintains a loan service of *Hygeia* clipping collections, similar in plan to the package library service of the American Medical Association, for the purpose of assisting physicians in preparing public addresses.

The director and the assistant director accept invitations to address lay groups and also help to put local groups in touch with competent speakers through state and county medical societies.

The Bureau also cooperates closely with the American Medical Association Bureau of Exhibits in suggesting, planning and providing material for exhibits for lay groups to be used either independently or in connection with speakers furnished by the American Medical Association.

The Bureau publishes pamphlets for lay readers, some of which are reprinted from *Hygeia* and others prepared independently by experts in several fields of health. The Bureau originates pamphlets for health workers and teachers having to do with the technic of health education.

Among the social hygiene pamphlets regularly distributed are a series by Dr. Thurman B. Rice, including *How Life Goes On and On*, for girls of high school age; *The Story of Life*, for boys and girls of ten years; *In Training*, for boys of high school age; *The Age of Romance*, for older boys and girls; and *The Venereal Diseases* for parents. Also for parents is Dr. Jessie Marshall's popular pamphlet *Congenital Syphilis*.

The Bureau cooperates with the American Medical Association Committee for the Protection of Medical Research by providing material in refutation of the false claims of the antivivisectionists.

The Bureau personnel at the present writing consists of Dr. W. W. Bauer, director; Dr. Paul A. Teschner, assistant director; a secretary, and four stenographers.

## THE PEOPLE VERSUS SYPHILIS

### HOW TUBERCULOSIS AND HEALTH ASSOCIATIONS ARE MOBILIZING CITIZEN AID TO OFFICIAL HEALTH AUTHORITIES IN NEW YORK STATE

GEORGE J. NELBACH

*Executive Secretary, State Committee on Tuberculosis and Public Health,  
State Charities Aid Association*

*"In the matter of health you may trust the people. Once  
get democracy to realize that it is diseased and it displays a  
Job-like regard for its skin."—Sir William Osler \**

On Armistice Day, 1931, an epoch-marking event in society's warfare against an ancient enemy took place. An alliance for a unified campaign against syphilis was struck then between the official health authorities and the voluntary tuberculosis and public health association of New York State. Within a month, a plan of operation had been charted and approved. Next the necessary funds were found. In less than another month the campaign was underway. The events of those three months and subsequent accomplishments have contributed substantially to the nationwide revival of today of public discussion and action against syphilis. Sir William Osler knew whereof he spoke in 1917!

#### I.

On that November 11th, nearly six years ago, the Executive Committee of the State Charities Aid Association's Committee on Tuberculosis and Public Health met in regular monthly session in New York City. Among those present were the late George F. Canfield, Chairman; Dr. Thomas Parran, Jr., then State Health Commissioner; Homer Folks, Secretary, State Charities Aid Association; Mrs. George E. Brower of Roslyn, President, Nassau County Tuberculosis and Public Health Association; Hon. Peter Cantline of Newburgh (who succeeded Mr. Canfield as chairman); Dr. Kendall Emerson, Managing Director, National Tuberculosis Association; Dr. Albert D. Kaiser

\* From his oration *The Campaign Against Syphilis* before the Medical Society of London, 1917.

of Rochester, President, Rochester and Monroe County Tuberculosis Association; Dr. Matthias Nicoll, Jr., Health Commissioner of Westchester County; John A. Kingsbury of Yonkers, Secretary, Milbank Memorial Fund; Dr. Nathan B. Van Etten of New York, Past President of the Medical Society of the State of New York; Dr. Herman G. Weiskotten, Dean, Syracuse University Medical College; and by invitation, Dr. Edward S. Godfrey, Jr., Director of the Division of Communicable Diseases of the State Health Department, who four years later succeeded Dr. Parran as State Commissioner of Health when the latter was appointed Surgeon General of the United States Public Health Service.

There was a bold question on the agenda in this third year of the depression. At least it seemed venturesome, in view of shrinking financial resources, to ask "What new fields of activity should be considered by the State Committee?" By way of introduction, Mr. Folks stated that unless public health agencies frequently scrutinized and overhauled their programs of work, they were apt to proceed along either of two separate paths: (a) tend to become stereotyped and not alter their programs to meet the needs of the various communities and the states they served, or (b) fail to carry on a health project long enough to secure results.

"The Control of Venereal Diseases" was first on the list of six new phases of activity offered to the executive committee for consideration. Influencing the precedence of this subject was the recollection that on numerous occasions during the previous decade, Mr. Folks had remarked that if he had the opportunity and resources, he would like nothing better than to help galvanize public action against the catastrophic effects of syphilis. Present at the meeting was a man, Dr. Parran, who shared the same feeling and who, before coming to the state, had been the director of the bureau for the control of venereal diseases of the U. S. Public Health Service. With characteristic forthrightness, he told of the magnitude of the syphilis problem in New York State, then recently revealed by studies of the Special New York State Health Commission, appointed by the then Governor, Franklin D. Roosevelt. In fact, Dr. Parran stated, the situation had become so urgent that he was planning to call a conference within the next sixty days to discuss and prepare plans. This was the cue for the writer to ask Commissioner Parran whether voluntary organizations such as the S.C.A.A. State and Local Committees on Tuberculosis and Public Health could be of assistance. Dr. Parran's reply was a vigorous affirmative.

Whereupon a motion was adopted to appoint a temporary special committee with a representative of the American Social Hygiene Association invited to sit in, to consider the whole problem of social hygiene and report back to the executive committee with a suggested program.



There was action on the motion even before it was inscribed in the minute book. Within a week the special committee met in the office of Mr. Folks with Dr. Parran as chairman. Dr. William F. Snow was invited to represent the American Social Hygiene Association. The brief minutes of the ensuing hour and a half of informal committee discussion are amazing reading six years later. The sharpness and clarity of the program which evolved mirrors today's actualities. In bold strokes, Dr. Parran sketched the State Health Department's program he intended to initiate and step by step the cooperative services invited by him from the State Charities Aid Association and its State and Local Committees on Tuberculosis and Public Health were indicated.

The unanimous recommendations of the special committee were presented by Dr. Parran at the December 9th meeting of the executive committee. In addition to those who had been present November 11th there were: Dr. Donald B. Armstrong, Director of the Welfare Division, Metropolitan Life Insurance Company; Dr. William H. Ross of Brentwood, President, Suffolk County Tuberculosis Association; Dr. Snow of the A.S.H.A., and Robert W. Osborn, representing Dr. Albert H. Garvin, President, Buffalo Tuberculosis Association. Mr. Osborn is now our Assistant Executive Secretary for the syphilis control project.

Dr. Snow expressed the enthusiastic approval of the American Social Hygiene Association for the proposed program. He stated it was an important step and would place the State Committee in a strategic position to render a great service to the people of our state. He pointed out the advantage of timing the program close to the release of the Governor's Special Health Commission report which would recommend a more extensive attack on syphilis.

Then and there the program was adopted by our executive committee and later approved by the S.C.A.A. Board of Managers, contingent upon securing the necessary funds. The Milbank Memorial Fund made a grant of \$3,000 for the year 1932, and the American Social Hygiene Association, though with depleted resources, and facing still further depression reductions, came forward with a contribution of \$1,000 to enable our State Committee to start work. These grants made it possible to report to our executive committee on January 13, 1932, that the project would be underway on February 1st. The remarks of one member, the late Dr. Linsly R. Williams, present at this meeting, deserve mention. No other field needed the aid of a citizens' committee more than that of social hygiene, he declared, and added that work in this field would help not only to decrease the mortality from venereal diseases but also to reduce blindness, insanity, heart and other diseases.

The following letter from Dr. Parran completes the background of events leading to the decision of our State Committee to embark upon a pioneering venture:

December 28, 1931.

Mr. George J. Nelbach,  
Executive Secretary, State Committee on Tuberculosis and Public Health,  
State Charities Aid Association,  
105 East 22nd Street,  
New York City.

My dear Mr. Nelbach:

I was very much gratified with the discussion which took place at the last meeting of your Executive Committee, and pleased with the approval given to the report of the special committee appointed to recommend a social hygiene program for the State Committee.

It is my personal feeling, which I think is shared by many members of the Governor's Health Commission, that our next big advance in public health should come in the control of venereal diseases, and particularly in the control of syphilis. As I have recently read the history of the anti-tuberculosis movement in the State, I have been impressed with the fact that the effort of your Association in this field was started at a time when there was much less scientific knowledge as to specific measures of control for tuberculosis than we have today for the control of syphilis. During the past twenty-five years, tuberculosis has been reduced by one-half. I am sure that during the next quarter century even more can be accomplished in the control of syphilis if public education and the provision of better medical care for its victims can be stimulated by voluntary agencies in the same way as anti-tuberculosis measures were stimulated. The techniques need to be different, but the general purposes are the same.

I attach considerable significance, therefore, to your decision to enter the social hygiene field, and hope you will find it possible to develop an active program.

Sincerely yours,

Thomas Parran, Jr.,  
*State Commissioner of Health.*

## II.

Public education against tuberculosis has been a joint undertaking of the State Health Department and the State Charities Aid Association as far back as 1907. Exhibits, group and mass meetings, posters and literature were features of the early tuberculosis campaign. The two agencies worked shoulder to shoulder to secure the creation of state and local facilities for dealing with tuberculosis. The remarkable progress which they made was greatly stimulated by the power and drive of the local tuberculosis committees of influential, public-spirited citizens that were formed by the Association. This habit of cooperation between the official and unofficial health forces of our State, growing and expanding over the years, has become an effective means of progress not only in the field of tuberculosis but in general health education, state and local health legislation, diphtheria prevention, and now, syphilis control.

Practical arrangements enhance the integration and correlation of the activities of the State Health Department and our State Committee. The State Health Commissioner is a member of our Executive Committee and our monthly meetings are held on a stated date suited to his convenience and he nearly always attends and participates actively in the discussions. Such has been the case during the administrations of the late Dr. Hermann M. Biggs, Dr. Matthias Nicoll, Jr., Dr. Parran and now of Commissioner Godfrey. Also, two members

of our present Executive Committee are members of the Public Health Council of the State Health Department, Mr. Folks and Dean Weiskotten. At regular intervals, the personnel of the Department and of our State Committee having to do with syphilis control meet to consider current activities in the program and to plan next steps. The General Director of the American Social Hygiene Association, Dr. William F. Snow, has become a member of our Executive Committee.

The annual expenditures of the State Committee for syphilis control have been as follows: \$4,000 in 1932 and in 1933; \$6,000 in 1934 and in 1935, \$11,000 in 1936, and our budget in 1937 is \$21,000, consisting of grants from the Milbank Memorial Fund and the New York Foundation. An authorization from the National Tuberculosis Association permits our State Committee and its County and City Tuberculosis and Public Health Associations to use funds for syphilis control from the annual sale of Christmas Seals.

Appropriations to the State Health Department for syphilis control work have steadily increased; from \$25,000 in 1934 to \$225,000 in 1937. Furthermore, substantial Federal funds, available early in 1936 through the Social Security Act for State and local health measures, are being applied effectively by the State Health Department in the development and expansion of local syphilis control facilities.

The various services of the American Social Hygiene Association have been of great value to our syphilis control project. Its General Director, Dr. Snow, has generously contributed of his time and wealth of knowledge and experience in this work. His staff has helped frequently with specialized field services and speaking engagements and with the intensive education of the staff personnel of our State Committee and Local Associations in the methods, programs and policies of syphilis control work. The Association's storehouse of excellent literature and exhibits is always available.

Highlights in the six years of our cooperative endeavor in the syphilis education program are summarized in the following chapter.

### III.

Inform, educate and agitate, promote and organize: these words describe the rôles of our State Committee on Tuberculosis and Public Health and of its affiliated Local Associations in the campaign against syphilis. Armed with the salient facts as to symptoms, diagnosis, treatment, follow-up, cure and prevention of the disease, we seek through available media and channels of public information and education to instruct people in groups and in the mass, including infected persons, about the means of combating syphilis. Thus informed, people as voters and taxpayers more readily accept and approve—or request—public appropriations to increase and improve State and local diagnostic, treatment and follow-up facilities for syphilis patients.

In 1932, when we took up this work, few newspapers permitted the word "syphilis" to be printed in their pages, the radio was mute on the subject, and in general a heavy blanket of "taboo" smothered public expression. The need of educating the general public on syphilis control was indicated by the marked hesitation shown by members and staff personnel of our own Local Associations to act upon our suggestion that they accept the invitation of the health authorities to cooperate in this field. Most of them showed strong inhibitions in group discussions of the problem. Some were frankly skeptical as to whether any progress could be made and a few thought there would be vigorous disapproval from the public if syphilis education was included in tuberculosis and public health programs.

Progress was necessarily slow. Staff education at headquarters and for the executive secretaries of our Larger Associations came first. At each of our annual conferences, syphilis control has been accorded a prominent place on the program. Opinions and attitudes changed after mature consideration of the great fund of knowledge about syphilis made available by science within the last three decades.

Each succeeding step in the breakdown of taboos brought increased participation by citizen forces. During the past year the number of our Local Associations voting to take part in the campaign nearly trebled and the amount of money budgeted by them for local syphilis control activities has increased substantially.

One of the principal methods used in launching the syphilis education program in localities has been the organization and conducting of community syphilis institutes. There have been 20 such affairs held in principal cities of up-State New York.<sup>1</sup>

The aim has been not to promote mass attendance but to secure the participation of recognized community leaders and the representatives of various organizations of standing and influence, even though their objectives have no immediate or special relation to syphilis control.

The procedure has been to assign a member of our headquarters staff to assist our Local Tuberculosis and Health Association for a period of three or four weeks in planning and organizing an institute, first having secured the pledge of active cooperation of local health and education authorities and the medical profession. On the average, 70 local agencies have been invited to sponsor the institute and to send representatives to a preliminary organization meeting. The strongest and most prominent local and out of town speakers obtainable on the subject of syphilis are invited to participate and at each institute representatives of the State Health Department have leading places on the program.<sup>2</sup>

<sup>1</sup> Albany, Auburn, Binghamton, Buffalo, Ithaca, Kingston, Newburgh, New Rochelle, Rochester, Olean, Middletown, Poughkeepsie, Troy, Schenectady, Syracuse, Utica, Watertown, Yonkers (2), and Liberty.

<sup>2</sup> Typical list of speakers: Syracuse, November 5-6, 1936—John H. Stokes, M.D., Professor of Dermatology and Syphilology, University of Pennsylvania

Institute promotion blasted away taboos against the mention of syphilis in the newspapers and over the radio. With the active and forthright participation of community leaders and outstanding authorities, it became increasingly difficult for newspapers to avoid a frank reporting of institute events. Now that practically every popular magazine and leading newspaper is featuring the syphilis campaign, editorial censorship has virtually disappeared.

The institute method is an excellent example of the educational maxim of "learning by doing." Participation in a successful institute by our local Association and by other organizations left a feeling of good will in the community and paved the way for a continuous educational program. There was an immediate demand for speakers on different phases of the subject by a wide variety of ready-made audiences. Requests for literature, exhibits and posters increased enormously. For example, the State Health Department has purchased and distributed over 200,000 reprints of the splendid article written by Dr. John H. Stokes of Philadelphia for the March 1937 *Readers Digest*.

The institutes also were planned to coincide with the State Health Department's efforts to expand and to improve local facilities for syphilis control by means of grants of State and Federal funds, thus arousing increased public support for such measures. Our Local Associations are systematically urged by us to utilize their influence and, if necessary, their funds, to help local authorities provide more attractive and adequately equipped diagnostic and treatment clinics for syphilis patients.

With the concurrence of the State Health Department, the intensive promotion of syphilis institutes is being tapered off, inasmuch as most of the cities of the State have been thus aroused to the problem. Our next objective is to assign our headquarters personnel more fully to assist our Local Associations in organizing and developing continuous programs of syphilis education, locally, in accordance with techniques developed in the many years of tuberculosis and public health promotion. The main effort will be with the 27 of our 62 county and city associations which employ full time executive secretaries. During the past three years, 18 of these have appointed syphilis control committees and have made considerable progress in their local campaigns.

Medical School; Homer Folks, LL.D., Secretary, State Charities Aid Association; Thomas P. Farmer, M.D., Chairman, Committee on Public Health and Medical Education, Medical Society of State of New York; O. W. H. Mitchell, M.D., Professor of Public Health, Syracuse University College of Medicine; Thomas F. Laurie, M.D., Regional State Consultant in Syphilis Control; Schuyler P. Richmond, M.D., Director, Syracuse Bureau of Social Hygiene; William A. Brumfield, M.D., State Department of Health; Beverly L. Vosburgh, M.D., Medical Director, Schenectady General Electric Company; E. C. Reifenshtein, M.D., Professor of Medicine, Syracuse University College of Medicine; David F. Gillette, M.D., Professor of Ophthalmology, Syracuse University College of Medicine; Harry A. Steckel, M.D., Superintendent, State Psychopathic Hospital; Ferdinand J. Schoeneck, M.D., Chairman, Committee of Maternal Welfare, Onondaga Medical Society.

A *Handbook of Community Education for Syphilis Control* is being prepared at our office, setting forth in some detail the methods, equipment and resources advised for educational activities. This will include suggestions on how to organize syphilis control committees, a list of objectives, a review of assistance from outside agencies available almost for the asking,<sup>1</sup> the organization and functioning of a speakers' bureau, and the various uses of printed materials, films, posters and special exhibits.

More and more local associations are acquiring educational equipment for use in syphilis education, such as portable talking moving picture projectors and films, film slide projectors, loan libraries, printed literature and special exhibits. Shown in Plate IV is an exhibit designed by the State Committee for purchase or rental by its local associations as a means of competing with colorful and attractive commercial displays. The panels were constructed by the Windo-Craft Display Service, Inc., of Buffalo at a cost of \$100. The demountable hinged panels are of reinforced composition board finished in brilliant oil and lacquer colors. The full width is 12 feet and height 7 feet, easily adaptable to any location. The posters are mounted in chromium frames detachable from the rear. The center display is recessed and indirectly lighted with a "flasher."

A highlight in our 1937 education program has been the creation of a colorful billboard poster design, probably the first offered for use in the syphilis campaign. The Outdoor Advertising Association of America and the New York Outdoor Advertising Association, which have been most generous throughout the tuberculosis campaign and in diphtheria prevention, are encouraging their state and local branches to provide space and posting service free of charge.

The poster (see Plate IV) will be available for display not only in New York State but throughout the nation and Canada early in 1938, possibly as a feature of National Social Hygiene Day, February 2nd. The painting is by Garrett Orr, staff artist, Outdoor Advertising, Inc., New York City. The tentative price is \$1.50 each, transportation extra.

Special news releases are sent direct by us to the newspapers of the state. Others are prepared at our office for adaptation and use by our Local Associations, especially in placing articles with small weeklies, business and trade journals, and club, fraternal, school and college publications. The *S.C.A.A. News*, with an up-state mailing list of 18,000, frequently prints articles about the campaign. Recently the State Health Department distributed two leaflets on syphilis with a special letter to those on the mailing list of the *News*. In addition, our informal mimeographed house organ, *Flashes*, designed primarily

<sup>1</sup> In addition to personnel service from several divisions of the State Health Department, the Division of Health Education offers free use of a Healthmobile, moving pictures, slides, extensive exhibits, transcriptions of radio dramatizations, publications and posters. Among other agencies providing educational materials are: the U. S. Public Health Service, the American Social Hygiene Association, the Medical Society of the State of New York, and Life Insurance Companies.

for our local association board members and executive secretaries, contains much information about the progress of the movement in the various localities, state, and nation and useful suggestions as to administrative methods. Numerous feature articles appearing in current magazines are being used for educational purposes.

Thus, the sum total of five years of cooperative effort in New York State to arouse and mobilize public interest and support for syphilis eradication has progressed to such an extent and degree that the future continuity of the movement seems definitely assured. It is not likely that the enterprise will go into the doldrums as it did shortly after the World War because of the absence of public understanding of its needs and the lack of citizen support of the aims and purposes of syphilis control.

## SYPHILIS EDUCATIONAL ACTIVITIES IN NEW YORK STATE

W. A. BRUMFIELD, Jr., M.D.

*Director, Division of Syphilis Control, New York State Department of Health*

During the year 1935, an intensive program for the control of syphilis was inaugurated by the New York State Department of Health. In the promotion of this program, effort is being made to increase the facilities offered by State and local health districts, and to integrate syphilis control activities into general public health procedures. Particular emphasis is placed upon the development of adequate Syphilis Control Services in the larger cities, State aid being extended wherever necessary to assure efficient work. Specifically, the program is directed toward providing for accurate and complete case reporting, adequate diagnostic and treatment facilities, adequate facilities for investigating syphilis cases and contacts, and professional and lay education in matters pertaining to syphilis and its control. It is the purpose of this paper to present the educational activities which have been carried out with the hope that they may be of value in other parts of the United States.

The lay educational program has been directed along two general lines. First, to reach influential people in the various communities throughout the State for the purpose of securing their cooperation and stimulating their interest in local Syphilis Control Services; and second, to reach as large a portion of the general population as pos-

sible with facts about syphilis and its transmission, and the importance of early diagnosis and treatment, both from the standpoint of the patient as well as from the standpoint of public health.

Public health institutes held in the larger cities constituted the first approach in the program to secure community support. These institutes, consisting of a series of meetings of two days each, were devoted to discussions of syphilis from its clinical and public health aspects. Organized by the Committee on Tuberculosis and Public Health of the State Charities Aid Association in cooperation with the State Department of Health, the first step was to secure the active sponsorship of local health officials, medical societies, and local voluntary agencies. The programs included talks by qualified local speakers, and wherever possible nationally known syphilologists were secured to discuss the disease from its clinical aspects. In each instance, a representative of the State Department of Health outlined the State Syphilis Control Program, emphasizing the need for local participation.

Such institutes have been held in sixteen communities since the Syphilis Control Program was put in operation. They have included every upstate city of over 25,000 population with two exceptions, and have been of great value, not only because of the public interest which they have aroused but also because they have served as an entering wedge in our attempts to secure the cooperation of newspapers, radio broadcasting stations, and other channels hitherto unavailable for the dissemination of information regarding syphilis. An important outgrowth also has been the establishment of permanent local committees whose activities are being directed toward the improvement of local Syphilis Control Services, and in the further promotion of the general educational program. With members chosen from the rosters of voluntary agencies, the committees are rendering assistance to local health departments in stimulating interest and in encouraging the appropriation of funds for the extension of local facilities.

Although the syphilis institutes have been of importance in bringing information to the general public, it is obvious that only a limited number of the public could be reached through this medium. The second part of the educational program, therefore, has been a general dissemination of information designed to reach as large a proportion of the population as possible to secure the cooperation of the public as individuals. This phase of the program is directed toward informing the public as to facts regarding syphilis as a communicable disease, and the importance of early treatment in the control of infectiousness and in the prevention of late complications. The purpose has been to create a demand for serologic tests for syphilis as a part of general physical examinations, with particular emphasis upon routine serologic tests during pregnancy, and to stimulate those who may suspect that they have the disease to seek the advice of their physicians. Effort has been made to reach the young adult population primarily inasmuch as the incidence of the disease is much higher in this group.

This part of the program has been conducted by means of lectures to lay audiences, motion pictures, exhibits, newspaper articles, and



posters in public places. Recently, circular letters have been added as a part of this general informative program.

During 1936, 299 lectures on syphilis were given to lay groups throughout the State. The groups included CCC camps, high school and college students, factory workers, and other groups of young people, the lectures having been arranged by the leaders in the various groups concerned. More than 30,000 persons were reached in this way. Motion pictures emphasizing clinical and public health aspects of syphilis were shown to 108 audiences totaling more than 16,000 persons.

Exhibits at the Syracuse State Fair and various county fairs have been used in the public informative program. These exhibits have consisted of panels pointing out certain facts regarding syphilis and indicating the steps which may be taken in its control. The exhibits have been so planned that only one important phase of the problem is presented in each. Exhibits covering early syphilis, syphilis in pregnancy, and congenital syphilis are provided. In addition, smaller exhibit units emphasizing one of these aspects have been placed in the lobbies of various public buildings and other available space where they might attract the attention of large groups of people.

The distribution of pamphlets is an additional method directed toward informing the general public regarding syphilis and its control. More than 200,000 copies of the pamphlet, *Facts about Syphilis*, which gives in direct statements information regarding the various manifestations of the disease, and a similar number of Stokes' article, *Combatting Early Syphilis*, have been distributed throughout the State. We are now sending circular letters to voting lists in the various cities in which approved Syphilis Control Services have been established, urging the people to learn what is being done in their localities and encouraging them to ask for serologic tests for syphilis when they see their physicians for medical advice. Copies of each of the above pamphlets are included in these letters.

The procedures mentioned above are of value inasmuch as they tend to create a better understanding of the general public with regard to syphilis control. At the same time, however, it has been realized that none of these methods serve as a satisfactory means of reaching that portion of the public in which the prevalence of the disease is greatest, that is, the lower classes of the population. In order to overcome these difficulties, a more direct approach has been devised. Metal signs posted in toilets and washrooms, in filling stations, bars, and other places have been used in the attempt to reach those persons who could not be informed by other means. These placards briefly describe the early signs of syphilis, indicate that syphilis can be cured by early and adequate treatment, urge that the family physician be consulted, and discourage self-treatment and quack doctors. Ten thousand of these posters have been placed throughout the State. Although we have no definite information as to their value, it is believed that they are effective. Such advertising has been used for years in selling patent medicines and it should be just as useful in selling ideas.

Whereas the dissemination of information to the lay public is an essential part of the educational program, it is also necessary that the practicing medical profession be kept in close touch with what is being done by official health agencies. Furthermore, since the modern methods of diagnosis and treatment of syphilis are relatively new, it is necessary that physicians be informed as to these procedures.

Discussions at County Medical Societies have been an important part of the educational program directed toward the medical profession. These lectures have included discussions of modern treatment principles together with discussions of the public health aspects of syphilis, including information as to what the State Department of Health is doing in the attempt to control the infection. Most important, however, have been informal observation periods for syphilis clinicians and other interested physicians, devoted to discussions of syphilis and its various manifestations, and demonstrations of the techniques for diagnostic and treatment procedures. These observation periods of three days each have afforded physicians in rural communities the opportunity of visiting treatment centers in the larger cities and observing or actually participating in the work which is being done. Approximately 200 physicians have attended the six periods held thus far. Stipends covering travel expenses and providing small honoraria have been given the physicians attending by the State Department of Health.

During the present year, the New York State Medical Society is cooperating with the Department in formulating plans for additional observation periods in the smaller cities designed to reach a larger number of physicians. Under this plan it is proposed to have the clinicians from the larger centers serve as instructors at the sessions. When necessary, it will be arranged for patients to be brought from the larger cities to the observation periods for the purpose of clinical demonstration. The patients will be paid for their attendance at these sessions.

Our experience thus far leads us to believe that observation periods of this kind are of great value in the professional educational program. Letters from physicians who have attended these sessions indicate that a great deal has been accomplished by them.

The procedures outlined above are, of course, only the beginning of what must be done for the successful promotion of the Syphilis Control Program. Intensive effort over a short period of time is of slight value. Continued effort during the years to come will be necessary to secure complete cooperation of official health agencies, the practicing medical profession, and the general public.

## SOCIAL HYGIENE DAY IN NEW JERSEY

JOHN HALL

*Executive Secretary, New Jersey Health and Sanitary Association*

**EDITOR'S NOTE:** *In the front rank of the many dramatic developments centering around the nation-wide observance of the First National Social Hygiene Day was New Jersey's achievement within three months of more than a hundred state, county and community meetings to inquire into social hygiene conditions and plan their betterment. Backed up by an educational campaign through newspapers, posters, films, literature, radio talks and every other available means, interest for the time being at least pervaded the state and in many instances resulted in permanent programs for action. In the following article the author describes the events which led up to this happy outcome, summarizes the gains so far made, and takes a brief look ahead. JOURNAL readers should find his narrative as well as his conclusions of practical value in planning their own activities.*

It so happens that our state has an organization peculiarly well suited to the promotion of such an effort as Social Hygiene Day. This is the New Jersey Health and Sanitary Association—founded in 1874 and doing business ever since. Its membership is not large—500 odd—but its history is creditable, its connections many, and its influence wide.

The preliminary approach to New Jersey with the plans for Social Hygiene Day came to this old Association which, figuratively, rolled up its sleeves without any ado and went to work. A meeting to talk it over was held in Newark. Staff members of the American Social Hygiene Association were present to explain, and it was thoroughly discussed by 45 representatives of as many assorted New Jersey organizations.

### *First Principles*

It seemed as though the most logical procedure would be to arrange, first for a statewide public meeting to bring out information and stir up indignation about the venereal diseases. Thus those who attended might get something definite to carry home for local use. However, the time was short and this idea did not fit in well with the nation-wide plan for a large number of small meetings. So, a chairman was appointed to take under advisement the state meeting, of which more

will be said later, and a committee was selected to give immediate attention to encouraging and assisting local organizations with venereal disease publicity.

From the very beginning the value of concentrating on any particular date was discounted. The fact that the annual meeting of the American Social Hygiene Association was being held in New York on February 3 meant very little to most of us, so we decided to spread out the excitement over as long a period as possible. In fact, "Social Hygiene Day" in New Jersey extended from January 7, the date of the preliminary meeting in Newark, to May 18, when the very successful state conference on "Immediate Objectives" came off in New Brunswick. The net results are many—and permanent, we hope.

### *This Committee Worked*

It was the personnel of the Health and Sanitary Association's new "Venereal Disease Committee" that gave real promise to the outcome of the venture. Its success was assured by the rather unusual fact (committees being what they too often are) that each member contributed something of practical value. The committee was made up of men and women, physicians and laymen, employees and key members of official and voluntary organizations. Its secretary was the Consultant-in-Charge of the Bureau of Venereal Disease Control of the State Department of Health, where arrangements were made to have the clerical and other detail work done without cost to the committee. The Social Hygiene Section of the State League of Women Voters, already active in the matter of venereal diseases, authorized its chairman to serve. The New Jersey Tuberculosis League and the State Conference for Social Work were represented by their Executive Secretaries. Particularly interested and active were the Y.M.C.A. and the Y.M.H.A., each of which delegated an officer to our committee. The Presidents of the New Jersey Congress of Parents and Teachers and the Federation of Women's Clubs worked with us, as also did the Director of the Division of Health, Safety, and Physical Education of the State Department of Public Instruction.

This committee of twelve gave much valuable advice and assistance, but made their greatest contribution in the form of letters on the stationery of their own organization recommending active participation by their local constituents. With these introductory letters went an announcement of the aims of Social Hygiene Day and a promise of samples of printed matter and other helps to all who would agree to sponsor a meeting. A return card was provided which read, in part, as follows: "This organization agrees to conduct a meeting on the subject of Venereal Disease Control in connection with Social Hygiene Day; also to make a brief report on the meeting after it has been held."

Approximately 400 of these letters went out to 8 groups of organizations. As a result slightly more than 100 of the cards were returned, which was considered a good showing of interest. Through



# SOCIAL HYGIENE IN THE SHOW WINDOW

A display arranged by the Pennsylvania Drug Company at its main store, New York City, during the recent convention of the American Public Health Association. The photographs are from the United States Public Health Service; pamphlets from the American Social Hygiene Association. A similar exhibit was shown at the Annual Drug Trades Exposition in New York.

PLATE II

OUT FROM BEHIND THE CURTAIN!



A RECENT EXAMPLE OF NEWSPAPER AID IN THE SYPHILIS  
CAMPAIGN

Cartoon by D. R. Fitzpatrick published by the *St. Louis Post Dispatch*, September 1, 1937. In the same issue appeared an editorial and a news story on activities of the Missouri Social Hygiene Association. The original drawing has been presented to the American Social Hygiene Association for its permanent exhibit.

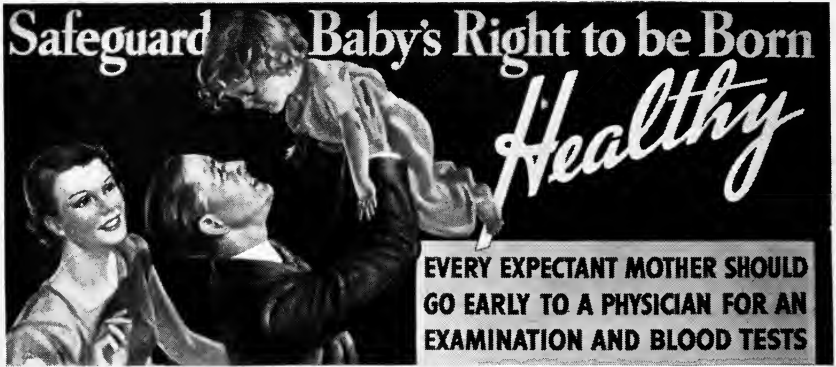
### PLATE III



### SYPHILIS IN PICTURES

To find syphilis, tests of the blood must back up the doctor's physical examination. This photograph, one of a series used by the United States Public Health Service in the campaign for public education, shows what the blood test finds. The milky tube on the right indicates syphilis. A blood specimen free from syphilis will be dark and clear as on the left. The photo-engraving is by courtesy of *Dun's Review*.

PLATE IV



OUTDOOR POSTER PANEL

Painted by Garrett Orr, Staff Artist, *Outdoor Advertising, Inc.*, for the New York State Committee on Tuberculosis and Public Health. Billboard size, 24-sheet, in colors.



EXHIBIT FOR FAIRS, HOME SHOWS AND WINDOW DISPLAY

Designed by the New York State Committee on Tuberculosis and Public Health for use by its local associations. Width 12 feet, height 7 feet. The panels are hinged and demountable, finished in color. Posters are mounted in detachable chromium frames. The center display is recessed and indirectly lighted with "flasher".



the American Social Hygiene Association a generous supply of printed matter was provided in convenient folders. To these "kits" we added samples of such publications of the New Jersey Bureau of Venereal Disease Control as were available in quantity and suitable for the public.

We feel that getting this material into the hands of one hundred actively interested persons who were then, and will continue to be, in a position to bring the subject out for discussion in their communities was, in itself, a very good part of the program, whether the plan for local meetings was carried out at the time or not. The potential value of this well placed stock of information is very great; its actual accomplishments can never be counted or measured.

### *Speeches—Fresh and Canned*

Conscientious efforts were made to render further assistance to these local groups. Those in the same neighborhood were put in touch with each other so that combined meetings could be held, if desired. Speakers were arranged for by the State Department of Health and the Medical Society on request; large quantities of printed matter were shipped out by the Bureau of Venereal Disease Control (in particular demand was the reprint of Dr. Parran's *Survey Graphic* article—*The Next Great Plague To Go*). Four copies of the talking film *For All Our Sakes* were freely loaned by their owners in the state—the Orange Institute on Marriage and the Home, the Passaic and Montclair Health Departments, and the Central Planning Board of Elizabeth. This picture was shown to more than 3,000 people at 33 meetings in two months and, though considered by some to labor under mechanical deficiencies, was generally well received.

### *Radio*

On the evening of February 3 the electrical transcription of the special Social Hygiene Day messages from Drs. Parran and Wilbur—*A Social Hygiene Message to All Americans*—was broadcast by radio stations at Asbury Park, Atlantic City, and Trenton, in each case supplemented by appropriate remarks by the local Health Officer.

### *The Press*

New Jersey newspapers cooperated heartily in giving advance notice of Social Hygiene Day programs and in reporting the events after they came off. Several news releases were sent out from the State Department of Health which were generally used. Unfortunately, we had no access to a statewide clipping service, so no complete data could be secured.

Some statistics giving numbers of meetings, their attendance, and other facts about them, were published in the March number of this JOURNAL. They are impressive, but in no way conclusive. To say that in the course of two months more than a hundred meetings were held with an estimated attendance of over 6,000 certainly indicates

a popular interest in the subject of the venereal diseases. To know how much of actual value these people took home with them, or how many cases were thereby prevented or cured, is quite another matter.



#### NEW JERSEY'S PICTURE CAMPAIGN

Illustrations prepared and used by the New Jersey State Department of Health in newspaper advertisements of local clinic facilities, and in the leaflet *Plain Facts*. The central drawing "Stamp Out Syphilis" is especially popular and effective in color, poster size.

#### Post Hoc

The best we are able to do is to enumerate some subsequent events, assume that they are, at least in part, the result of Social Hygiene Day, and make what evaluation of them we can.

Spontaneous publicity in the press has continued to be frequent and favorable. The following quotation from a small town weekly paper is typical: "Because this is a rural area does not exempt it from this scourge upon humanity. Who will take up the torch in this county? Police agencies, the new County Council of Welfare Workers, the

Medical Society, and the Public Health Service are in a position to follow the lead of our neighbors. Schools, churches, service clubs, the Boy Scouts, Y.M.C.A., and other youth organizations should see their duty to join earnestly in the educational program. The newspapers will cooperate."

### *A Next Step*

The State Conference on "Immediate Objectives in Venereal Disease Control," under the auspices of the Health and Sanitary Association, the State Department of Health, the State Medical Society, and Rutgers University, came off at New Brunswick on May 18 according to schedule. Under the able direction of Chairman F. J. Osborne, Health Officer of East Orange, and with the full cooperation of the same Committee which planned and promoted the Social Hygiene Day activities, this meeting was a real success. The motion picture drama, *Damaged Lives*, was seen by 1,300 persons at a morning showing. Dr. R. A. Vonderlehr of the U. S. Public Health Service and Dr. J. L. Mahaffey, Director of Health of New Jersey, addressed one of the luncheon gatherings; Dr. C.-E. A. Winslow of Yale, Dr. William F. Snow of the American Social Hygiene Association, Dr. Walter Clarke of the New York City Health Department, and Dr. Max J. Exner of the Department of Health of Newark, were also among the speakers. A demonstration showing how a private physician should handle a case of venereal disease in cooperation with health officials was staged by the State Medical Society and attended by 50 physicians and many others. A creditable exhibit of educational posters et cetera was a feature of the evening session.

Subsequent comments and correspondence seem to indicate that this meeting served its purpose in giving simple facts and practical suggestions to a large number of people who are in a position to use them in the cities and towns of New Jersey. What to do with the rural areas nobody yet seems to know.

### *Straws in the Wind*

Clinic attendance, cases reported, Wassermann tests, requests for information and advice are some evidences of the effectiveness of efforts at venereal disease control. The State Department of Health is following these indicators with diligence and reports the following encouraging developments. Seven new clinics have been put into service during the present year with the joint support of local and Social Security funds. Several others are in the making. In spite of better economic conditions attendance at old clinics is running about 20 per cent above the same period of last year. This suggests greater concern of patients about their own welfare, and also more activity on the part of family doctors and health officials.

Syphilis cases reported by physicians and clinics to the State Department of Health in 8 months are more than for any similar period in the last 10 years (30 per cent above 1936).

Blood tests for syphilis, made in 30 laboratories in the state during the first 4 months of 1937, were 22 per cent over the corresponding

period of last year; but the number of positive results increased only 7 per cent. Evidently more routine and check up examinations are being made. The New Jersey State Department of Health is considering putting into effect a system of testing the Wassermann and other similar tests by means of a standardized, dried blood serum, recently developed by the Bureau of Venereal Disease Control. If the public should lose confidence in results, it would be fatal to the propaganda that is now trying to popularize the Wassermann test.

A study by the State Department of Health, now under way, of New Jersey hospital practice in taking blood tests for syphilis seems to indicate a growing tendency toward making this a matter of routine on all admissions.

Aids to early diagnosis are being provided by the State Department of Health in the form of new-model, almost foolproof, darkfield microscopes now being loaned to laboratories in some communities where no such facilities exist.

The amount of popular printed material requested from and supplied by the Bureau of Venereal Disease Control continues to be large. More copies have been sent out during the past 12 months than during the three previous years together. A recent offer of small posters for use in public toilets was followed by immediate orders totaling 6,000 from 75 local Boards of Health.

### *What To Do Next*

The State Bureau of Venereal Disease Control has prepared a marriage bill somewhat like the Connecticut law requiring physical examinations and blood tests for syphilis of all candidates for marriage. In connection with Social Hygiene Day, and otherwise, this bill has been given considerable publicity which is producing favorable newspaper comments and resolutions of approval by local organizations of various kinds. No one thinks that such a law would solve any great part of our syphilis problem; but the educational value—even of its discussion—must be very real indeed.

There is certainly much more interest in venereal disease in New Jersey than ever before, but it is not a new thing with us. Our State Department of Health has been hammering away at it since 1919, and some of our cities started long before that. The increased activities and encouraging reports cited above, and many others which might be mentioned, are the results of many factors. Social Hygiene Day was certainly one of these; but exactly what part it played nobody can say. It was a nice experiment; it came at just the right time; we want to try it again.

Our feeling is that next year Social Hygiene Day should be different in its form, perhaps by concentrating on some feature of venereal disease control. Preventing congenital syphilis would be a good one. Taking a leaf out of the book of accomplishments with tuberculosis might prompt a campaign for "finding the early case." Or, by that time, Chicago may be able to tell us how to bring on the millenium which will offer and secure "A free Wassermann for everybody."

# SOCIAL HYGIENE EDUCATION FOR SEVEN MILLIONS

## PUBLIC INFORMATION AS AN AID IN CONTROLLING VENEREAL DISEASE

### I.

#### *From the Standpoint of an Official Agency*

THEODORE ROSENTHAL, M.D.

*Director, Bureau of Social Hygiene, New York City Department of Health*

A strong conviction that widespread education, both popular and professional, is one of the most important features of any venereal disease control program has prompted the Bureau of Social Hygiene of the New York City Health Department to engage in vigorous and sustained efforts to this end. Every conceivable avenue of approach has been utilized, and every type of audience reached. All methods of conveying information have been employed, including the daily press, which has cooperated so splendidly, the radio, popular magazines and journals, and word of mouth to individuals, singly and in groups, comprising audiences as large as 500 to 600. In talks and lectures, the extensive use of talking slide machines, sound movies, exhibits, and the distribution of informative pamphlets have contributed greatly to the effectiveness of the spoken word. These discussions and lectures have been conducted not only in English, but in several foreign languages.

#### *With the General Public*

Popular educational efforts in New York City may really be said to date from the publication of Carl Warren's splendid series of articles in the *New York Daily News* in February of 1936, written with the advice and counsel of the then Director of the Bureau, Doctor Walter Clarke. This was the spark that detonated a great explosion in the public mind; the daily press was encouraged by public reception of this pioneering effort, and in a short time most of the metropolitan papers featured articles on syphilis and gonorrhea. Public demands became so insistent and so heavy that a speakers' panel, composed largely of members of the Bureau staff with a number of non-depart-

mental physician volunteers, was formed, to cope with this situation most effectively. Talks and lectures were given in every part of the city in a number of languages to an exceedingly varied array of organizations and clubs. An enumeration of these will serve to illustrate that our efforts are reaching all types and all economic levels of the population.

East Side Bachelors Club	Bowery Y.M.C.A.—numerous other Y.
Progressive Women's Council of Brooklyn	M.C.A., Y.M.H.A., Y.W.C.A. groups throughout city
Bronx Settlement House	Armenian League
Biology Club of New York University	East New York Community Center
Richmond Council of Social Agencies	Good Citizenship League of Flushing
Mothers' Clubs throughout the city	Juvenile House of the Bronx
Parent-Teachers Associations	E.R.B. Investigators in several districts
League of Women Voters	City College students, both branches
Probation Department of General Ses- sions Court	New York Urban League
Catholic Kolping Society of Brooklyn	Madison Square Boys' Club
Lutheran Pastors Association of Jamaica	Christadora House
New York Branch of the American Pharmaceutical Association	Madison House Forum
Henry Street Settlement Boys' Clubs	Jewish Women's Federation
Riis House Forum	Woman's City Club
Broadway Tabernacle Church	Community Centers, throughout entire city
Institutional Synagogue Group	St. Stephen's Church, Flatbush
Leonardo Da Vinci Art School	National War Veterans (Colored)
Kiwanis Clubs	Lions Clubs
Rotary Clubs	Golddust Lodge (Salvation Army)
St. Jude's Forum	Oddfellow Temple
Youth Division of the American Labor Party	International Workers Order
	And groups in private homes of inter- ested persons

In the first six months of this year 144 lectures and discussions were given before general audiences totaling about 14,500. At each of these meetings many pamphlets were distributed to the audience. In addition to the lectures already scheduled, the Bureau has contacted representatives of several of the largest labor unions for the purpose of reaching the thousands of members at their stated meetings. As a result of the enthusiasm demonstrated for information of this type in the course of a health symposium at City College last spring, an intensive institute on syphilis and venereal diseases will be conducted this fall by the Bureau.

Syphilis exhibits were displayed in the lobby of the Health Department building and in the lobbies of the state office buildings for several weeks this spring. Great interest was aroused, and it is estimated that about 36,000 people visited these exhibits. About 12,000 were sufficiently interested to take some of the various pamphlets distributed.

At all of the meetings pamphlets of various types, suitable for popular education, were distributed freely. In addition, each day's mail brings many requests, not only from residents of the city, but

from out-of-town individuals and health departments, requesting our literature.

Arrangements have been made with a number of the leading foreign language newspapers of this city to publish three or four short articles on syphilis this fall. These articles will be submitted to the various papers already translated by members of the Bureau staff, and it is further contemplated to purchase these articles reprinted from the newspapers.

Ten thousand metal tags giving brief information on syphilis, warning the public against quacks, and instructing the public to seek private physicians, have been ordered. These will be distributed throughout the city for installation in public toilets, comfort stations, railroad and subway stations, etc., factories and industrial plants.

Through the cooperation of the New York Pharmaceutical Council, representing all of the retail pharmacists in New York City, a pamphlet on syphilis has been prepared, and distributed to drug stores. These pamphlets, written in simple language, tell the salient facts about syphilis and gonorrhea, and will be issued to the public by the retail pharmacists.

Six radio talks on syphilis and venereal disease were given over Station WNYC.

### *With Professional Groups*

It was believed that the professional educational program was fully as important as the popular one. Indeed, it may be said that professional interest in the venereal disease program kept pace with the heightened public interest in these matters. The Bureau took a leading part in these activities, its clinics and staff serving as a base of consultation and advice, not only to New York City physicians, but also for the up-state clinicians of the State Health Department.

A post-graduate course in venereal disease was organized, and teaching commenced in the summer of 1937. Over eighty physicians applied for enrollment in this course.

A series of lectures and demonstrations on congenital syphilis and gonococcal infections in children was conducted for three groups of physicians of the Bureau of School Hygiene. A similar series was organized and conducted for the nurses of the Health Department.

In May, an extensive and elaborate three-day teaching program for up-state physicians was arranged and successfully carried through. This consisted of a few didactic lectures, and mainly of practical demonstration and case-teaching.

The medical staff of the Bureau holds periodic clinical meetings throughout the year, which are attended not only by physicians of the Bureau, but are open to the general medical profession. Outstanding members of the profession, both local and from out-of-town, are invited

to speak at these meetings. As an example of the subjects and speakers, the following will be of interest:

November meeting—*Lymphogranuloma Inguinale*—Doctors Arthur Grace, Marion Sulzberger, and Boris Kornblith.

January meeting—*Congenital Syphilis*—Doctors James R. McCord, T. B. Givan and Howard Fox.

March meeting—*Cardiovascular Syphilis*—Doctors Louis Connor and Edward Maynard.

May meeting—*Syphilis of the Eye*—Dr. Joseph Klauder.

In addition to the formal conferences of the entire Bureau staff, each of the treatment clinics of the Bureau holds regular monthly conferences for its own immediate staff. These small informal gatherings, with an opportunity for free and open discussion, are most valuable as a source of excellent clinical instruction, particularly for the younger members.

The medical epidemiologists of the Bureau, in their contacts with the practitioners of the city, continually conduct an educational program, giving advice and instruction on every phase of syphilis and gonorrhea.

Professional educational efforts, in addition to health department activities outlined above, fall into two categories: (a) organized bodies such as county societies and medical schools, and (b) local medical societies and organizations.

The New York Academy of Medicine, at the request of the Commissioner of Health, organized and conducted a series of seven lectures on modern methods of diagnosis and treatment of syphilis in the spring, together with a number of clinical demonstrations in the hospitals of the city. The lecturers were among the most eminent syphilologists of this city. In addition, discussions on syphilis and gonorrhea were held by the Sections on Obstetrics and Gynecology, and Pediatrics. All of the county societies in the city, and the medical schools of Cornell, Columbia and New York Universities, arranged meetings for members and students, at which members of the Bureau staff presented papers and discussions on venereal disease control. Undergraduate teaching is now conducted at the New York Medical College and the Long Island College of Medicine by the Bureau staff through the cooperation of the Bureau of District Health Administration.

Considerable interest was demonstrated by the independent medical societies and organizations of the city, and they cooperated very well by including a number of presentations on syphilis and gonorrhea in their programs.

A precise evaluation in terms of practical results of all of the efforts described above is naturally impossible; however, these efforts are reflected tangibly in increased demands for venereal disease service, not only by the profession, but also by the public, and seem to indicate that there is a direct connection between a widespread and well pub-



licized educational program and the increased figures. The following table illustrates the trend:

	<i>First Six Months</i>		
	<i>1935</i>	<i>1936</i>	<i>1937</i>
Cases examined. . . . .	15,721	23,950	28,766
Laboratory tests. . . . .	124,178	149,786	186,071
Patients referred to private physicians. . . . .	116	172	448
Individuals treated. . . . .	9,645	12,807	15,323
Total visits to treatment service. . . . .	99,992	154,922	223,830
Contacts examined. . . . .	1,608	2,133	3,605
Per cent diseased. . . . .	10.4%	12.1%	14.6%

The same indices of increased demands are seen in a comparison of physicians' requests for Bureau services.

#### DRUGS DISTRIBUTED

	<i>Fourth Q. 1936</i>	<i>First Q. 1937</i>	<i>Second Q. 1937</i>
Private Physicians. . . . .	460	312	688
Patients. . . . .	709	395	976
Hospitals. . . . .	15	26	47
Patients. . . . .	675	1,547	2,358
Approximate number of doses. . . . .	23,592	25,000	48,290

In addition to the eighty and more applications for the post-graduate course, in the first six months of the year 372 physicians were interviewed by epidemiologists. The attitude of private physicians has become definitely more friendly and cooperative, as shown by the better reporting of cases, increased number of requests for drugs, and requests for assistance and follow-up for private patients.

In general it is felt that the time and effort devoted to educational work has been most valuable, and that the results justify a continuation of the work.

## II.

### *From the Standpoint of a Voluntary Agency*

JACOB A. GOLDBERG, PH.D.

*Secretary, Social Hygiene Committee, New York Tuberculosis  
and Health Association*

Any attempt to carry out an educational program in social hygiene in a city the size of New York presents so many imponderables, that careful consideration must be given as to what to do first and what may be left undone for a period of time. Because of the major handicap of all health agencies, especially during the past six or seven years, *i.e.*, lack of funds and inadequate staff, only certain phases of the educational program have been fostered by the Social Hygiene Committee of the New York City Tuberculosis and Health

Association. Various doubts have also existed as to the efficacy of certain types of educational activities and as to the desirability of using the limited time of the executive available for this service. In view of the extensive major problems facing the community from the point of view of venereal disease, the program in education has centered about:—(1) the building up of educational service with professional groups; (2) the holding of a large annual regional conference; (3) the preparation and distribution of studies and reports; and (4) use of the radio, as a means of reaching a fairly wide public.

There has naturally been a certain amount of criss-crossing in these various activities. For the professional groups, all-day conferences have been arranged for the medical profession at New York University College of Medicine, under the leadership of Dr. Howard Fox, Professor of Dermatology and Syphilology, and Dr. Alfred T. Osgood, Professor of Urology; likewise, regular seminars have been held year after year for public health nurses, medical social workers, and other community workers dealing with various groups from the point of view of all aspects of social hygiene. Various other group meetings have been arranged for the general public and for young people's groups; but the major emphasis has been on building up an understanding of the problems of social hygiene and the community control of the venereal diseases among those engaged professionally in activities allied to these problems.

#### *Regional Conference on Social Hygiene.*

When the present Secretary of the Social Hygiene Committee took over the local program as a part of other duties, he attempted to expand the regional conference meetings, for many years held by the American Social Hygiene Association, by enlisting the cooperation of a number of community agencies in this annual affair. The details of this Conference and the various subjects dealt with have been presented in previous issues of the JOURNAL OF SOCIAL HYGIENE. Though it is a little hard to judge the value of the Conference, certain significant things stand out. For instance, as far as is known, the first time that the word "syphilis" was used in New York City newspapers was on the morning following the holding of the Regional Conference on Social Hygiene in New York City three years ago. There was apparent consternation in the editorial offices of some of the newspapers which had permitted the word to get into print, but things finally were smoothed out. Year after year the New York newspapers have been most helpful and cooperative in reporting the transactions of the Conference and giving them considerable space.

A major achievement in this field was the series of eight articles in the *New York Daily News* which attracted national attention early in

1936. These articles sprang from the interest aroused by the Regional Conference on Social Hygiene in New York City. A very competent newspaper reporter, Mr. Carl Warren, took what he could from the New York meetings and followed out his careful search for facts and sound opinion by conferences with the leaders and other executives of the American Social Hygiene Association, the Social Hygiene Committee of the New York Tuberculosis and Health Association, United States Public Health Service, New York City Department of Health, New York State Department of Health, and others competent and in a position to supply reliable data. As this is written, the *New York Post* has started a similar series of articles. These, also, are an outgrowth of discussions with a competent reporter, Mr. Ernest Flynn, for that paper and his contacts with the organizations listed above.

It is in these ways that much of the educational propaganda and publicity regarding social hygiene and the diagnosis, control and treatment of syphilis and gonorrhea have been spread in New York City. Little effort has been made to utilize pamphlets or other literature on an extensive basis, because funds just will not permit printing of large quantities of carefully prepared pamphlets and posters. When funds do become available, of course these publications will be on the preferred list for utilization in the local campaign. Some use has been made of motion pictures, but here again the lack of personnel and retrenchment have made it impossible to include a phase of the educational program which formerly loomed large in the health education activities of the New York Tuberculosis and Health Association.

### *Studies and Reports.*

One of the major problems faced in New York City, as viewed by the Social Hygiene Committee, was the clinic treatment of syphilis, gonorrhea and their complications. It has been possible to complete a series of studies on this subject which have been judged to be of prime importance locally and of value as a guide for similar studies in other communities. These studies have dealt with the following:— a survey of 52 syphilis clinics; a survey of 43 male gonorrhea clinics; a survey of 31 female gonorrhea clinics; a study of syphilis and heart disease; a study of syphilis and eye diseases, including 100,000 case records; a survey of 36 eye clinics, *et cetera*. In every instance, a competent physician with specialized training was induced to give of his time on a volunteer basis, to visit various clinics over a period of months, and to study carefully the organization, set-up and end results of the treatment administered. At present one investigation has just been completed, *i.e.*, a study of vaginitis in New York City, and two others are under way: an investigation of prenatal clinics in New York City, and another, just started, on the study of syphilis as a factor in orthopedic clinics. The former study is being made by two competent syphilologists, and the latter by an orthopedic surgeon of many years' experience. A study of considerable importance has been recently presented at the American Medical Association meeting in Atlantic City and published in a recent issue of the *Journal* of that

Association. It deals with the history of 100,000 eye cases and the incidence of syphilis among these patients, including the measures taken in eye clinics to diagnose and treat these conditions. Already steps have been taken to follow up this study. As a matter of fact, within a month after the study was under way, one of the outstanding eye institutions in New York City was led to open a syphilis clinic within its own walls. Shortly thereafter another eye institution of note added a syphilologist to its staff.

The reports of all these studies have been published in standard journals or mimeographed in suitable form and distributed among various individuals, organizations and professional groups in the community.

### *Radio.*

The Social Hygiene Committee has been able to obtain various periods on local radio stations, sometimes on widely extended hook-ups, on subjects of syphilis, gonorrhea, congenital syphilis, and other related topics. The broadcasting companies have been slow in accepting these talks, but have grown more cooperative year after year. They have frequently broadcast sessions of the Annual Regional Conference on Social Hygiene.

### *Summary.*

Looking back over the program of the past five or more years in New York City, various lapses can be seen in the educational program and opportunities for education that were missed. However, no application for educational service has been refused when it came from an important group in the community. Lectures and educational sessions have been held in colleges and prisons, in settlements and in health centers; but much remains to be done. For the forthcoming Annual Regional Conference on Social Hygiene, the plan of a series of sessions on one day has been expanded to include at least a three-day program, and it is expected that in the very near future these sessions will cover a whole week. The current plan is to hold meetings for physicians only in medical schools on two days; on the third day to hold the large Regional Conference sessions; and possibly on the two subsequent days to arrange for meetings for the general public. As funds become available, other avenues of approach to the educational problem will be utilized.

## EDITORIAL

### “TELL ALL THE PEOPLE”

Many plans to meet many situations have been devised by both official and voluntary workers in the national campaign against syphilis, but none, we think has covered the ground more completely and concisely than the brief program outlined by Dr. Snow at the close of a recent lively and fruitful meeting to discuss “Community Education on Syphilis.”<sup>1</sup> Health officers, physicians and social hygiene workers from a dozen or more states had reported the success of novel and effective ways of arousing citizen interest and cooperation. President Herman Bundesen of the Chicago Board of Health had electrified the group with a rapid-fire account of that city’s splendid response to his million inquiry-ballots “Would you be willing to take a blood test?” Dr. Henry Talbot had told of the workings of Connecticut’s new law requiring blood tests of prospective husbands and wives. Dr. Nels Nelson of the Massachusetts State Department of Health had reported a steadily declining incidence rate among major groups in his state during the years in which an intensive medical and public educational program had been carried on. Other speakers had contributed similarly impressive and convincing facts on conditions in their localities.

Asked to sum up the discussion, Dr. Snow presented four points as common and essential in all the endeavors described and the progress achieved. These were:

- First:* Tell all the people
- Second:* Find and examine those infected
- Third:* Get money and facilities to treat them
- Fourth:* Persuade all concerned to cooperate in year round activities to put the program across.

In the spirit of the first of these cardinal principles especially we present this Public Information Number of the

JOURNAL to our members and friends, as illustrating how, when and where those chiefly charged with "telling all the people" are going about their job.

The editors hope that the ideas and facts presented in the various articles may be of service particularly to community leaders in preparing for the Second National Social Hygiene Day—February 2, 1938.

<sup>1</sup>A breakfast conference arranged by Mrs. Marie F. Kirwan of the New York State Tuberculosis and Health Committee during the sixty-sixth annual meeting of the American Public Health Association meeting in New York City. Dr. George Ramsay of the New York State Department of Health presided, and speakers in addition to those named included: Dr. Thomas B. Turner of Johns Hopkins University, Dr. Huntington Williams, Health Commissioner of Baltimore, Raymond Greenman of the Oneonta County (New York) Tuberculosis and Health Association, Mrs. Marion Simonson of the New York State Committee, Jacob A. Goldberg, Secretary of the New York City Social Hygiene Committee, and others.

#### "FOR ALL OUR SAKES"

The JOURNAL takes pleasure in presenting to its readers as a supplement to this *Public Information Number* the text and scenario of the new talking slide film *For All Our Sakes*. Since its introduction in the summer of 1936, this attractive and effective means of "telling all the people" what they need to know about syphilis has steadily grown in popularity. It is being widely used by industrial and mercantile firms, banks, telephone companies and other business agencies, as well as by social hygiene organizations and health departments.

By publishing the text the Association hopes to further the widespread employment of this valuable educational tool, and especially to permit those who may not have seen the production to become acquainted with it, and add their endorsement to that already given by the United States Public Health Service, the General Federation of Women's Clubs, and the thousands of men and women who have gained necessary knowledge from witnessing it.

## THE ASSOCIATION'S ANTI-SYPHILIS COMMITTEE OFFERS "79 OPPORTUNITIES" TO GIVERS

EDITOR'S NOTE: *Showing the scope of the activities of the American Social Hygiene Association and indicating why it must be supported to the extent of \$500,000 by contributions and memberships, a new pamphlet "79 OPPORTUNITIES" will be issued this month by the Association's National Anti-Syphilis Committee. Prepared to arouse the interest of men, women and corporations able to contribute larger amounts, the "79 OPPORTUNITIES" are described in this issue with the belief that JOURNAL readers will like to see them and may indicate to the Association the names of benevolent people who could be interested in providing funds for specific activities as well as general purposes. Other readers undoubtedly will choose opportunities of which they themselves will want to take advantage. Inquiries and suggestions should be addressed to The National Anti-Syphilis Committee, Room 922, 50 West 50th Street, New York City, New York.*

**WAR ON SYPHILIS** and Gonorrhea costs money—plenty of it. But the important part is that the thousands spent now will save millions later when the WAR ON SYPHILIS and Gonorrhea is won. And it must and shall be won!

To help wage this war for a year the National Anti-Syphilis Committee of the American Social Hygiene Association is raising \$500,000 in a national appeal for funds.

Many people, it is known, prefer to make a contribution for a specific use instead of a donation to the general fund. For these—and you may be one like that—we indicate in the following pages 79 OPPORTUNITIES for immediate support. Some might call them projects; but aren't we tired of that word? There are three times as many more OPPORTUNITIES not described here.\*

Read through these OPPORTUNITIES. They reflect a tremendous interest in the greatest public health battle in a decade, possibly of the century.

NATIONAL ANTI-SYPHILIS COMMITTEE OF THE  
AMERICAN SOCIAL HYGIENE ASSOCIATION

RAY LYMAN WILBUR, President

\* Copies of detailed statements and illustrative materials relating to any of these OPPORTUNITIES which interest you will be sent on request. Address The American Social Hygiene Association, 50 West 50th Street, New York City.

**WHAT \$25,000 WILL DO**

- \$25,000** will pay the salaries of 5 medical field workers. At least 15 are needed to assist in voluntary venereal disease control in the less progressive communities and to check the spread of these diseases through cooperation with men and officers in industry. OPPORTUNITY # 1.
- \$25,000** will finance important medical and epidemiological research in SYPHILIS, the general needs and outlines for which have been set up and considered with the official and voluntary agencies interested. OPPORTUNITY # 2.
- \$25,000** will produce a new motion picture drama dealing with SYPHILIS and Gonorrhea. The tremendous audiences which have seen the picture *Damaged Lives* in 1937 indicate what a great factor the motion picture screen can be in the battle against the venereal diseases. OPPORTUNITY # 3.
- \$25,000** will permit the demonstration of a coordinated plan of medical, legal and educational activities for combating SYPHILIS and commercialized prostitution in a medium-sized city. OPPORTUNITY # 4.

**WHAT \$10,000 WILL DO**

- \$10,000** will purchase, equip and maintain an ANTI-SYPHILIS trailer and man it with a medical member of the Association staff to enter and travel within many of the less progressive communities, to teach prevention of SYPHILIS and Gonorrhea and to aid local health officers and the medical profession in obtaining facilities for conducting clinical activities. OPPORTUNITY # 5.
- \$10,000** will allow the American Social Hygiene Association to place in the hands of a million women authentic, simple information on how to prevent SYPHILIS in new-born babies. One of the principal factors gaining impetus and support in the war on SYPHILIS has been the new realization by the American public that children need not be born with SYPHILIS. OPPORTUNITY # 6.
- \$10,000** will employ 2 specially qualified public health nurses for a period of one year and provide for their travel to aid prenatal clinics in securing approval and support for modern methods which prevent waste of child health and life due to congenital SYPHILIS. OPPORTUNITY # 7.



- \$10,000** will continue and effectively expand the special service for trade, labor and professional associations—national, state and local—furnishing speakers, films and slide lectures for convention and regular programs; supplying special articles, photographs and cuts for trade journals, house organs and labor publications; suggesting complete SYPHILIS control and social hygiene programs suited to each association asking for assistance. OPPORTUNITY # 8.
- \$10,000** will enable the Association to pay for the essential expenses, effective planning and work for the next National Social Hygiene Day to be observed February 2, 1938. OPPORTUNITY # 9.
- \$10,000** will provide for urgent unmet demands on the Association law enforcement investigation services, including special activities in and around New York City during the forthcoming World's Fair in 1939. As experience indicates, there always is a large influx of prostitutes and their exploiters during these expositions, and an increase in the related dangers to youth. The investigations of such a service usually are prerequisite for efficient field work by the Director of Legal and Protective Measures. OPPORTUNITY # 10.
- \$10,000** will finance an outstanding social hygiene exhibit at the World's Fair which presents an unusual chance to tell the ANTI-SYPHILIS story to millions. OPPORTUNITY # 11.
- \$10,000** will make possible the promotion and conduct of an International Conference on Social Hygiene in connection with the World's Fair in 1939. The American Social Hygiene Association has been requested by the International Union for Combating the Venereal Diseases and by other international and national agencies to make every effort to arrange such a conference. OPPORTUNITY # 12.
- \$10,000** will provide for one or more demonstrations of new methods of SYPHILIS control in rural areas or with special groups. OPPORTUNITY # 13.
- \$10,000** will give the Association a full-time publicity service, including an experienced director and adequate clerical assistance. The Association finds it difficult, in view of the great interest in venereal disease prevention and cure, to continue with a part-time publicity service. OPPORTUNITY # 14.
- \$10,000** will produce 20 urgently needed poster exhibits for approach to people of limited educational opportunities. These groups respond to information on the dangers of SYPHILIS and Gonorrhea presented with colorful material, attractively compiled and illustrated. OPPORTUNITY # 15.

**WHAT \$5,000 WILL DO**

- \$5,000** will add one fully qualified medical member to the Association staff for consultant work in the field to take care of the minimum requests of industries, special committees, voluntary agencies and other waiting groups. FIFTEEN such medical field workers are needed. OPPORTUNITIES ## 16-30.
- \$5,000** will support National Social Hygiene Day with the publicity essential to its greatest success in from 2,500 to 3,000 communities. While social hygiene work is a year-'round task, National Social Hygiene Day presents an unusual opportunity for full ANTI-SYPHILIS propaganda of great effectiveness. It tends to sustain local and national activities, both public and voluntary, for many months. OPPORTUNITY # 31.
- \$5,000** will establish in any one of the many communities, which have asked for it, a six-months' demonstration of what local organization for social hygiene can accomplish. Plans for such activities include the loan of an Association staff member to a community for the period mentioned. Too many eager communities have waited too long for demonstrations of this nature. The nation would benefit by at least 10 such demonstration centers in 1938 if the money were available. OPPORTUNITY # 32.
- \$5,000** will produce a new short motion picture dealing with the modern program of combating SYPHILIS. Requests are accumulating for new film material. These come from those who have made full and good use of all the film material that the Association has produced. OPPORTUNITY # 33.
- \$5,000** will produce another motion picture film explaining how to save the sight, mind, health and lives of children by preventing the transmission of SYPHILIS from mothers to new-born children. OPPORTUNITY # 34.
- \$5,000** will provide for personal representation and prompt exchange of information and details of developing plans and projects between the Association and the many Federal agencies in Washington concerned with various aspects of social hygiene. The American Social Hygiene Association is the established national voluntary organization in its field. The Surgeon General of the U. S. Public Health Service says it is indispensable in the task of sustaining and making full use of the new interest in venereal disease control. OPPORTUNITY # 35.
- \$5,000** will appoint a full-time staff member to work with public and other libraries throughout the country, help them to weed out obsolete and undesirable social hygiene literature and to select sound and up-to-date books and pamphlets. OPPORTUNITY # 36.

- \$5,000** will allow the addition of a Negro physician to the Association staff for important field activities in sections of the population where the venereal disease rate is enormous. OPPORTUNITY # 37.
- \$5,000** will plan and operate a course for training of personnel for the broad voluntary social hygiene program. The Association receives many applications from promising young people who ask "where can I learn?" On the other hand, requests from local groups for trained executives cannot be met because of the present lack of trained people. OPPORTUNITY # 38.
- \$5,000** will continue the Association's campaign against quack medicine and charlatans illegally treating SYPHILIS and other venereal diseases. One not familiar with foreign language and racial newspapers does not realize the extent of this dangerous and nefarious traffic. OPPORTUNITY # 39.

### WHAT 2,500 WILL DO

- \$2,500** will prepare a highly valuable pamphlet on the program for control of "SYPHILIS in Children" and place a copy in the hands of all senior medical students graduating from medical schools in the United States during the next three years. Such a pamphlet will present clearly the opportunities and part of physicians in prevention and treatment of congenital SYPHILIS. OPPORTUNITY # 40.
- \$2,500** will produce a talking-slide film on Gonorrhea. None exists now. "For All Our Sakes," the talking-slide film on SYPHILIS has been a great success and has proved that one is urgently required on Gonorrhea. OPPORTUNITY # 41.
- \$2,500** will produce another talking-slide film on Prostitution and Sex Delinquency. There is a greater need than ever for special education on this subject. Racketeers, exploiters and madams are doing everything possible to bring back and expand the old red light districts or their modern equivalents. OPPORTUNITY # 42.
- \$2,500** will permit the Association to go forward with several very important cooperative projects in popular education along new lines through newspapers, magazines and other channels. The amazing publicity given to ANTI-SYPHILIS work in 1937 must be sustained in 1938 with fresh material. Otherwise public interest will lag. OPPORTUNITY # 43.
- \$2,500** will prepare and print for wide distribution a handbook and accompanying folder of illustrative material for use in community organization for social hygiene—especially for Social Hygiene Day and similar activities. OPPORTUNITY # 44.

- \$2,500** will amplify the Association's present limited cooperative activities with the General Federation of Women's Clubs, the National Congress of Parents and Teachers, and many other national and state women's agencies. Full advantage should be taken of the current willingness on the part of women to participate in many of the aggressive phases of the ANTI-SYPHILIS campaign. OPPORTUNITY # 45.
- \$2,500** will employ a young, competent lawyer to assist, for a year, the Association's Director of Legal and Protective Measures, freeing the latter for important investigations and other field work. OPPORTUNITY # 46.

### WHAT \$1,000 WILL DO

- \$1,000** will help tell 14,000,000 high school boys and girls the meaning of sex and the importance of sexual hygiene as a factor in successful living. High schools as never before have awakened to the fact that they should be doing more to train young people for marriage and parenthood and provide accurate knowledge of related health facts. They are calling for simple, explicit classroom outlines for teaching. A new publication is needed at once. OPPORTUNITY # 47.
- \$1,000** will produce at least 3 much needed non-technical exhibits for the instruction of the general public at county fairs, grange meetings, expositions, athletic meets and conventions. With intensive routings each such exhibit can be shown to as many as 500,000 people. OPPORTUNITY # 48.
- \$1,000** will prepare a poster exhibit on the prevention of congenital SYPHILIS for use among clubs, churches, fraternal organizations and other groups. OPPORTUNITY # 49.
- \$1,000** will send an appropriate special pictorial feature, similar to the best cartoons or illustrated stories, such as the Tarzan Series, to more than 1,000 "country newspapers"—mostly weeklies published in the less populous and less progressive communities so far as ANTI-SYPHILIS work is concerned. OPPORTUNITY # 50.
- \$1,000** will write and produce for electrical transcription 3 simple one-act plays on social hygiene, for radio use,—a new and appealing method of popular health education. OPPORTUNITY # 51.
- \$1,000** will provide Consultant Services of experienced members of the Association's staff for several months in as many as 5 communities which are appealing for advice and guidance in the inauguration of important voluntary programs in the social hygiene field. OPPORTUNITY # 52.

- \$1,000** will buy for 200 strategically located libraries, unable to afford them, copies of important books like PARENTS AND SEX EDUCATION, by B. C. Gruenberg; GROWING UP by Karl De Schweinitz, for boys and girls; SEX EDUCATION by Maurice A. Bigelow; VENEREAL DISEASES by William F. Snow; SHADOW ON THE LAND by Thomas Parran. OPPORTUNITY # 53.
- \$1,000** will pay for 50 package loan libraries to be kept in circulation in rural and small town areas. OPPORTUNITY # 54.
- \$1,000** will continue the international exchange of information and secure for us new data on foreign progress in social hygiene presented at conferences or meetings of such groups as the International Union for Combating the Venereal Diseases, the Social and Health Sections of the League of Nations and the International Bureau for the Suppression of Traffic in Women and Girls. OPPORTUNITY # 55.
- \$1,000** will reach out directly to additional thousands of men and women through supplementing the national speakers' service for social hygiene topics. One of the current pressing needs in social hygiene education is more adequately prepared local volunteer speakers. This sum would permit compilation of a large list of well recommended speakers, keeping those listed supplied with factual material and outlines, giving publicity to the augmented service and booking special engagements. OPPORTUNITY # 56.
- \$1,000** will make a survey of the needs and opportunities for social hygiene work in one of many large cities which have requested such help since the ANTI-SYPHILIS campaign began. The results of such surveys are of value nationally as well as locally. OPPORTUNITY # 57.

### WHAT \$500 WILL DO

- \$500** will approach people of low literacy with an urgently needed poster exhibit in colors, giving simple, clear information on SYPHILIS and Gonorrhea. This is the group most needing help, and for it there now is available the least suitable educational material. TWENTY such poster exhibits would be none too many for immediate use. OPPORTUNITY # 58.
- \$500** will send a letter, first-class mail, to 12,000 public and other libraries containing special and current social hygiene suggestions for their bookshelves and urging them to keep abreast of the new public interest in problems of sex and the expanded program for control of SYPHILIS and Gonorrhea. OPPORTUNITY # 59.
- \$500** will assign a lecturer and field worker for an entire month to one of the states requesting the Association's aid in establishing new activities in social hygiene. OPPORTUNITY # 60.

- \$500** will meet the demand for a summary of laws, regulations, court decisions, and practices on a great variety of social hygiene subjects, printed in concise form and indexed for easy reference. This demand comes to the Association from every part of the country for this material which exists nowhere else. OPPORTUNITY # 61.
- \$500** will prepare for the Negro of the South an illustrated pamphlet, adapted particularly to his needs, warning him of the dangers of SYPHILIS and Gonorrhea, but most importantly how he gets infected and how he may get advice and treatment leading to cure. This would be distributed at cost through Negro societies, especially during Negro Health Week and similar occasions. OPPORTUNITY # 62.
- \$500** will route the film *Damaged Lives* and its companion lecture *Science and Modern Medicine* without rental or shipping charge for 5 weeks' use among rural, mountain, Negro, foreign language and other community groups not aware of the perils of SYPHILIS and Gonorrhea and not otherwise able to afford these films. OPPORTUNITY # 63.
- \$500** will distribute 250 one-year donor subscriptions of the JOURNAL OF SOCIAL HYGIENE to as many libraries or volunteer agencies in communities eager to make progress against the venereal diseases but unable to spend a single dollar outside their local work for educational material. OPPORTUNITY # 64.
- \$500** will permit the publication of a new pamphlet for young women of 15 to 18 years—a much-needed addition to the Association's *Health for Girls* for those from 12 to 15 and *Women and Their Health* for those over 18. OPPORTUNITY # 65.
- \$500** will print a new pamphlet, on *Child Questions and Their Answers*, designed to give explicit help to the parent who lacks knowledge and vocabulary to answer such inquiries simply and helpfully. OPPORTUNITY # 66.
- \$500** will write and distribute 10 radio talks for use over small stations, always asking for new and suitable material. OPPORTUNITY # 67.

### WHAT \$200 WILL DO

- \$200** will supply preliminary but basic information on SYPHILIS and Gonorrhea to 50,000 or more readers through reprints of the Association's popular leaflets *Facts About Syphilis*, *Facts About Gonorrhea*, and *Safe Motherhood and a Healthy Child* (\$200 covers reprint of one title). OPPORTUNITY # 68.

- \$200** will send a specially trained but non-medical field worker to any state, county, city or town for two weeks to speak before women's club, service club, high school, church, and industrial business audiences and to advise follow-up and publicity steps. OPPORTUNITY # 69.
- \$200** will help respond to a pressing demand for a talking-slide film on Gonorrhea by paying for the expert authorship which must be provided for a feature in which both high interest and scientific accuracy must obtain. (This sum, of course, is exclusive of all production costs.) OPPORTUNITY # 70.
- \$200** will put an illustrated, educational feature on SYPHILIS or Gonorrhea at the disposal of 400 newspaper editors willing to use their news columns in the current cooperation of publishers in the ANTI-SYPHILIS campaign. OPPORTUNITY # 71.
- \$200** will meet requests of three local health agencies waiting for specific advice on the modern community program against SYPHILIS. OPPORTUNITY # 72.
- \$200** will furnish a year's reporting service on the introduction, progress and passage of bills in Congress or in any State legislative session, on social hygiene subjects. OPPORTUNITY # 73.
- \$200** will print in colors scientific and accurate charts of the human reproductive system, suitable for use of teachers in high schools and colleges and fulfilling a long-felt need. OPPORTUNITY # 74.

### WHAT \$100 WILL DO

- \$100** will prepare one traveling window exhibit for drug store and other windows. Pharmacists during the past year have expressed eagerness to take part in the educational campaign against SYPHILIS and Gonorrhea, if exhibits and information can be secured. Suitable material for smart, eye-catching, truth-telling display is available but costs money. TWENTY displays like this could be kept working continuously. OPPORTUNITY # 75.
- \$100** will provide *For All Our Sakes*, the Association's talking-slide lecture on SYPHILIS for the use of four of the many voluntary agencies unable to purchase it but willing to show it to audiences totaling 50,000. OPPORTUNITY # 76.

**\$100** will mail to public and other libraries lists of current social hygiene literature. The library is a key to the public mind. In many communities the library has not been able to keep pace with the vast new interest in venereal disease control. OPPORTUNITY # 77.

**\$100** will aid one local committee or group, situated within a night's journey from the New York office, or an established branch office, by sending to it a member of the Association's staff for a two-day stay in the city of destination for conferences and addresses with public officials, voluntary agencies and civic committees on health problems affecting social hygiene. OPPORTUNITY # 78.

**\$100** will help 1,000 wondering and frequently miserable people by promptly answering 1,000 urgent letters of inquiry about SYPHILIS and Gonorrhea and other important social hygiene questions, including in the replies helpful pamphlets. Every newspaper or magazine article brings a flood of letters "This is *my* story, what shall *I* do?" OPPORTUNITY # 79.

### CHOOSE YOUR OPPORTUNITY TO HELP IN THE FIGHT AGAINST SYPHILIS AND GONORRHEA

those fearful menaces to public health which Blind, Deafen, Maim, Craze and Kill. Give!—Thousands spent now will save millions of dollars and needless misery.

Please use this subscription form

#### The American Social Hygiene Association

50 West 50 Street

New York City

I }  
We } in the support of the valuable educational program of the American Social Hygiene Association and the activities of its National Anti-Syphilis Committee against the public health menace of Syphilis and Gonorrhea, and in consideration of the gifts of others, gladly subscribe—

\$..... to the Association to finance the work described as OPPORTUNITY

No. ...., agreeing to pay this amount as indicated below:

(Please check your choice of payment dates of opposite.)

☐ in full herewith  
☐ December 1, 1937  
☐ April 1, 1938

(If different terms are elected, please describe in a letter.)

Name. ....

Address. ....

City ..... Date .....



## REFERENCES ON PUBLIC EDUCATION IN SOCIAL HYGIENE

*Specially selected for use in informing the lay public on the social hygiene program, and particularly with regard to the present national campaign against syphilis and gonorrhea*

For more comprehensive lists of literature and materials, ask for free folders

A-61	<i>A Classified List of Pamphlets</i>	A-19	<i>Books on Social Hygiene</i>
A-2	<i>Social Hygiene Exhibits</i>	980	<i>Social Hygiene Motion Pictures</i>

A-44 *Journal of Social Hygiene as Permanent Reference Material*

Unless otherwise indicated, pamphlets are ten cents each, 80 cents a dozen, \$5.00 a hundred, \$25.00 a thousand. *Single copies* of pamphlets published by the American Social Hygiene Association are *free to Association members*. Members are also entitled to a ten per cent discount on purchases of books listed. The JOURNAL is 35 cents a copy.

### General Principles of Public Education

- BAUER, W. W., AND HULL, THOMAS G. *Health Education of the Public*. Philadelphia, Saunders, 1937. 227 p. \$2.50.
- BERNAYS, EDWARD L. *Crystallizing Public Opinion*. New York, Liveright, 1934. 218 p. \$2.50.
- LUMLEY, FREDERICK E. *The Propaganda Menace*. New York, Appleton-Century, 1933. 454 p. \$4.00.
- MAYER, R. C. *How to Do Publicity*. New York, Harper, 1933. 258 p. \$3.00.
- ROUTZAHN, MARY SWAIN. *Social Work Interpretation; a Bibliography*. Russell Sage Foundation, 1936. Pub. No. 140. 10 cents.
- ROUTZAHN, M. S., AND EVART G. *Publicity for Social Work*. New York, Russell Sage Foundation, 1928. 392 p. \$3.00.
- ROUTZAHN, M. S., AND BAKER, H. C. *How to Interpret Social Work; a Study Course*. Russell Sage Foundation, 1937. 80 p. \$1.00.
- Public Opinion Quarterly*. Princeton University Press, Princeton, N. J. \$4.00 yearly. \$1.00 a copy.

### Social Hygiene Programs and Projects

#### Journal of Social Hygiene

- Vol. 20, No. 5—Parents Number—*Youth blazes a new trail* (for church groups)—Roy E. Dickerson. *Sex instruction in public schools*—W. W. Beatty. *Social life for high school girls and boys*—Paul Popenoe. *Substitutes for vice*—Bascom Johnson. *The least privileged child* (congenital syphilis)—Walter Clarke. *Suggestions for organizing a community social hygiene program; and Some things a community should know about itself*.
- Vol. 21, No. 5—Church Number—*The church, social relations and family welfare*—Anna Garlin Spencer. *What can the church do for social hygiene?*—John C. Ward. *Catholic church and the social hygiene movement*—John M. Cooper. *Church and law enforcement*—Harlan M. Frost. *Social hygiene and synagogue youth*—Philip D. Bookstaber. *Education in rural parishes*—Lawrence Larrowe. *Committee on marriage and the home*—L. Foster Wood. *Pre-marital instruction in one church*—C. Rankin Barnes. *Ninety-nine steps club*—C. Everett Wagner. *Readings and reference list for church libraries and leaders*.
- Vol. 22, No. 4—Health Education Number—*New brooms and old cobwebs*—(notes on progress in public information)—Jean B. Pinney. *Social hygiene*

on the air—Thomas C. Stowell. *Eddy Blake tries to enlist* (a radio play)—Isabel Beardsley. *Carrying health facts to industry*—Ray H. Everett. *References on medical and public health aspects.*

**Vol. 22, No. 5—Childhood and Youth Number**—*The newest generation—its health rights and wrongs and what can be done about them*—William F. Snow. *An old state takes up a new idea* (parent education in Vermont)—Martha Buttrick. *Modern youth and recreation*—Corinne Fonde. *Guppies and the facts of life*—Peggy vonder Goltz. *A high school program in social hygiene*—Hazel V. Smith. *Selected references on childhood and youth.*

**Vol. 22, No. 7—Community Number**—*Organizing a regional conference on social hygiene*—J. A. Goldberg. *What are the things a nurse should know?*—E. H. Morris. *Health programs of General Federation of Womens Clubs and National Council of Women. Social hygiene and the community; a reference list of projects and programs for providing public information and increasing interest and cooperation.*

**Vol. 23, No. 3—Social Hygiene Day Number**—*A full report of the observance of this nation-wide event, the First National Social Hygiene Day, with lists of cooperating agencies, program details of many of the 400 meetings, maps and illustrations.*

### Pamphlets and Reprints

*Suggestions for Organizing a Community Social Hygiene Program, with Some Things a Community Should Know About Itself.* Pub. 889.

*Organizing a Regional Conference on Social Hygiene.* Jacob A. Goldberg. Pub. 996.

*The Case of Youth vs. Society.* Wayland D. Towner. Report of the Youth Trial held in the Oranges and Maplewood, with full directions for ways and means of carrying out such a project. Pub. 959.

*Social Hygiene Education in a City of Medium Size.* Jean B. Pinney. Story of a highly successful campaign to educate the citizens of Reading, Pa. regarding syphilis and gonorrhea. Details of the costs and methods of such a campaign are included. Pub. A-43.

*Carrying Health Facts to Industry.* Ray H. Everett. Methods and results of a series of social hygiene talks given to industrial groups in Washington, D. C. Pub. 984.

*Social Hygiene and the Public Mind.* David Resnick. A resumé of recent progress in public information, with a simple practical program for community education. Pub. A-62.

### Social Hygiene Educational Tools

#### Books

*Shadow on the Land.* Thomas Parran. New York, Reynal and Hitchcock, 1937. 309 p. \$2.50. A straightforward, thorough exposition of the disease syphilis, and its implications for the individual and the nation, by the Surgeon General of the United States Public Health Service.

*Ten Million Americans Have It.* S. William Becker. New York, Lippincott, 1937. 220 p. \$1.35. A shorter treatise for the general reader on syphilis, with a clear description of the disease, an optimistic outlook on the possibility of cure, and timely warning against quackery and self-treatment.

*On Your Guard.* Carl Warren. New York, Emerson Books, 1937. 160 p. \$1.00. A concise and factually reliable discussion on the prevention and treatment of syphilis and gonorrhea, with especial attention to the possibility of prevention through prophylaxis.

*Syphilis: the Next Great Plague to Go.* Morris Fishbein. Philadelphia, MacKay, 1937. 70 p. \$1.00. A brief and compact volume, liberally illustrated with charts and photographs, based on the author's syndicated series of popular articles.

*Venereal Diseases—Their Medical, Nursing and Community Aspects.* William F. Snow. New York, Funk and Wagnalls, 1937. 98 p. 35 cents. (National Health Series.) This standard work has been revised and amplified from the original edition in 1923, and is of interest to lay readers as well as professional groups.

*Proceedings of Conference on Venereal Disease Control Work.* December 28-30, 1936. Government Printing Office. 15 cents.

### Pamphlets

#### For Parents and Young Men and Women

Special Series	Pub. No.
<i>Health for Man and Boy</i>	A-52
<i>Women and Their Health</i>	A-53
<i>Marriage and Parenthood</i>	A-54
<i>What You Should Know About Syphilis and Gonorrhea.</i> Max J. Exner. 15c. ....	A-59
<i>The Newest Generation.</i> William F. Snow. ....	A-3
<i>Congenital Syphilis.</i> Jessie Marshall. 5c. ....	A-58
<i>The Next Great Plague to Go.</i> Thomas Parran. Survey Graphic Reprint. ....	994
<i>Hidden Costs in Industry.</i> ....	A-28
<i>Prostitution in the United States.</i> Bascom Johnson. ....	A-39
<i>Patient Instruction Leaflets (\$1.00 per 100)</i>	A-40
<i>Facts About Syphilis</i> ....	A-41
<i>Facts About Gonorrhea</i> ....	
<i>Safe Motherhood and a Healthy Child</i> ....	

#### For Boys and Girls (12 to 15 years)

<i>From Boy to Man</i> ....	626
<i>Health for Girls</i> ....	831

#### For Teachers, Pastors, Social Workers and Students

<i>Notes for a Popular Talk for the General Public on Syphilis and Gonorrhea.</i> Walter Clarke. 5c. ....	899
<i>Outline for a Talk on Social Hygiene Legal and Protective Measures.</i> 5c. ....	A-31
<i>Venereal Diseases and the Human Race.</i> Up to date statistics. William F. Snow. ....	A-56
<i>Syphilis and Social Security.</i> William F. Snow. ....	A-11
<i>Syphilis and Gonococcal Infections in Children.</i> Charles Walter Clarke	A-35

### Free folders and leaflets

(Available in quantity lots (100 to 1,000) to recognized health and welfare agencies, for transportation charges only)

	Pub. No.
<i>A Classified List of Social Hygiene Pamphlets</i> ....	A-61
<i>Books on Social Hygiene</i> ....	A-19
<i>When You Were His Age</i> (congenital syphilis) ....	A-6
<i>Social Hygiene—A Contribution to American Family Life</i> ....	983
<i>The American Social Hygiene Association—what it is working for—how it works</i> ....	A-21
<i>Social Hygiene—1937 Model—a summary of recent events</i> ....	A-20
<i>Six Reasons Why</i> —a 3 x 5 tabbed card describing the individual's part in the national program and A.S.H.A. facilities; designed to slip into a reference card file ....	973
<i>Miniature Journal of Social Hygiene</i> ....	A-23
<i>For Clubwomen—Syphilis Education Program of the General Federation of Women's Clubs.</i> Address request to Federation Headquarters, 1734 N Street, N.W., Washington, D. C.	

## Exhibits

(Prices do not include transportation charges)

**Exhibit Screen.** Three panels, heavy blue cardboard, size  $2\frac{1}{2} \times 3\frac{1}{2}$  feet. Display of selected social hygiene pamphlets et cetera. Price \$3.00.\*

**Set of six posters.** *Social Hygiene in Industry*, showing nature and extent of social hygiene problems in industrial groups, with practical suggestions for employers and personnel workers. Non-technical. On heavy white paper in two colors. 19 x 28 inches. Price \$1.75.\*

**Social Hygiene and Family Case Work.** Ten charts showing relation of nursing and social work to social hygiene. 17 x 22 inches, black and white, \$1.00. Colored, \$5.00. Miniature sets, black and white, 10 cents each, or \$1.00 per dozen.

**Stamp Out Syphilis.\*** Eight pictographs from Surgeon General Parran's *Survey Graphic* article, 17 x 22 inches, \$1.00 per set. Mounted on colored card-board, \$3.00. Miniature sets, 20 cents.

**Clinic Exhibit.** Six placards, designed to encourage regular attendance of clinic patients. White card-board printed in red and black, size 10 x 18 inches. \$1.25 per set.

## Posters

*Parents are the First and Best Social Hygiene Teachers.* 17 x 22 inches. Black and white, unmounted, 10 cents per copy. Colored and mounted, 50 cents per copy.

*The Ice Pack Breaks Up.* From the cartoon by C. D. Batchelor, 1937 Pulitzer prize winner. 17 x 22 inches. Black and white, unmounted. The official poster of the First National Social Hygiene Day. Free. Send 10 cents for postage and wrapping.

*Safeguard Baby's Right to Be Born Healthy.* Billboard-size, 24 sheet poster in color, prepared by the New York State Tuberculosis and Health Committee. \$1.50 per copy. Also in poster and placard size.

*Stamp Out Syphilis!* Placard in three colors. 14 x 22 inches.

*Syphilis—the "Great Killer."* Placard, 14 x 22 inches, in three colors. Sample copies may be obtained without charge from the New Jersey State Department of Health, Trenton.

## Films

(with sound)

*Science and Modern Medicine.* Three-reel talking motion picture, describing human reproduction and the diseases syphilis and gonorrhea. Illustrated by photographs and diagrams. Originally prepared and widely used to accompany the motion picture drama *Damaged Lives*. For adults and young people. 35 mm. \$145. 16 mm. \$75. Daily rental \$6.00 plus transportation.

*For All Our Sakes.* Talking slide film sponsored by the United States Public Health Service, the General Federation of Women's Clubs and the A.S.H.A. A series of 170 pictures, synchronized with a double-faced phonograph record. Prepared especially to acquaint the general public with the facts concerning syphilis and the campaign against this disease. Price \$25. Rental \$5 per day.

For synopses, prices and other details concerning the Association's six silent films, ask for free folder, *Social Hygiene Motion Pictures*, Pub. 980. Three of these are especially for lay groups: *The Gift of Life*, for adults and young people; *Venereal Diseases*, for men and older boys; *Social Hygiene for Women*, also for older girls.

\* Also available for loan.



# "FOR ALL OUR SAKES"

A TALKING SLIDE FILM  
ABOUT SYPHILIS

Sponsored by  
The United States Public Health Service, American  
Social Hygiene Association, and the General  
Federation of Women's Clubs

Supplement to Journal of Social Hygiene, Vol. 23, No. 7, 1937

## ANNOUNCEMENT

The American Social Hygiene Association is pleased to announce that it has recently acquired the sole ownership and distribution rights of the talking slide film on syphilis

### FOR ALL OUR SAKES

We are also glad to tell our friends that this arrangement makes it possible to furnish this production for

**\$15.00—A Great Reduction in Price**

Social hygiene societies, health departments and other recognized health and welfare agencies may now secure this popular educational film, complete with double-faced record, for \$15.00 instead of \$25.00 as formerly.

For further information, write to

**THE AMERICAN SOCIAL HYGIENE ASSOCIATION**

50 West 50 Street, New York, N. Y.

The cover picture is used through the courtesy of *Pictorial Review*  
combined with *Delineator*

## FOR ALL OUR SAKES

### A New Way of Presenting Popular Health Education

Those who tell and teach health facts to the public are always looking for inexpensive yet effective means and methods. Because it meets both these requirements, the new talking-slide film on syphilis, *For All Our Sakes*, has gained rapid popularity from the time of its release early in the summer of 1936. Health officers, social hygiene societies, medical and nursing groups, industrial and mercantile firms, publishers, bankers, department stores, and many other agencies and organizations are among those using this novel means of social hygiene education, which tells simply and tactfully, yet with dramatic force, the chief facts concerning syphilis, describes how this disease may be avoided and fought, and urges all who listen to join in the national campaign.

The American Social Hygiene Association worked out with the producer, Ralph Rushmore, the scenario and the illustrations for *For All Our Sakes*, and is assisting the distributor, Marley R. Sherris Associates, in testing the production and promoting its widespread use. The United States Public Health Service and the General Federation of Women's Clubs are joint sponsors. As with other new methods and materials, before these auspices were lent, opinions and comments on *For All Our Sakes* were secured from physicians, nurses, social workers, educators, church leaders and many other professional and non-professional groups and persons. The consensus was that sponsorship should be given, and that the production should receive as wide publicity and distribution as possible.

To assist in making *For All Our Sakes* better known, and in response to many requests for information, the Association has put into print the scenario of this talking-slide-film, with some suggestions for the user, and on behalf of the distributor, Marley R. Sherris Associates, invites correspondence and further inquiries. Address: 50 West 50th Street, New York, N. Y.

### Notes for the User

The production *For All Our Sakes* includes a double-faced disc phonograph record and a film strip (35 mm. width non-inflammable stock) on which are 160 pictures. A lecture on syphilis as a public health problem is recorded on the disc, several different voices being used to give variety. The illustrations are synchronized with the text as the disc record is played. *The price of the record and film is \$25.00. It will be sent to responsible firms, agencies or persons on approval if desired. Transportation charges are extra in any case.*

*For All Our Sakes* is not a motion picture, and cannot be shown on a motion picture projector. It may be shown on any standard talking-slide projector, of which there are several makes, ranging in price from \$75 to \$100 and up, according to the number and type of lenses, size of screen, et cetera. The Marley R. Sherris Associates will be glad to tell you about prices and other details, if your neighborhood camera supply shop cannot supply this information.

If purchase is not feasible, suitable machines may usually be borrowed, even in small communities, from automobile dealers or other business firms, which have indicated that they are very willing to cooperate in community health programs in this and other ways. In some communities a number of agencies have joined in purchasing the production and machine for general and permanent use.

The machine is simple to operate, but a complete "dress rehearsal" is advisable to enable the operator to focus the pictures promptly and properly on the screen, adjust the volume of sound to the room chosen for the showing, make certain that the room can be darkened for clearly seeing the pictures, and insure that the pictures are properly shifted in unison with the spoken text.

It is suggested that showings of *For All Our Sakes* be accompanied by the distribution of suitable educational literature, notably the *Special Series*,—*Health for Man and Boy*, *Women and Their Health*, and *Marriage and Parenthood*,—which is mentioned on page 22 of this text. These and other pamphlet and book publications may be secured from the Association in quantity lots at low prices, and the staff will be glad to make suggestions for material suitable for special occasions. Ask for the free folders:

	Pub. No.
<i>A Classified List of Social Hygiene Pamphlets</i> .....	A-45
<i>Books on Social Hygiene</i> .....	A-19
<i>Social Hygiene Exhibits</i> .....	A-15
<i>Social Hygiene Motion Pictures</i> .....	980



## FOR ALL OUR SAKES

ILLUSTRATIONS  
(on slide-film)TEXT OF SPOKEN WORDS  
(on disc record\*)

## Opening title:

**"Sponsored by the  
UNITED STATES  
PUBLIC HEALTH  
SERVICE**

**the  
AMERICAN  
SOCIAL  
HYGIENE  
ASSOCIATION  
and the  
GENERAL  
FEDERATION  
OF WOMEN'S  
CLUBS**

**we present—"**

## Title:

**"FOR ALL OUR  
SAKES"**

## Title:

**"A PRESENTA-  
TION FOR  
THINKING MEN  
AND WOMEN"**

**Scene, hospital  
ward in about the  
year 1860**

**An operating room  
in the year 1900**

**Closeup of 1900  
scientist at  
microscope**

**Germs seen through  
a microscope just  
before it is  
brought into  
focus.**

*(Introductory Music)*

\* A gong is sounded on the disc record to indicate to the operator each change of illustration. This device ensures that pictures on the slide-film are properly synchronized with the several voices on the disc record.

*(Continue Music)**(Fade Music Under Voice)**1st Narrator:*

Yes . . . for *thinking* men and women! Followers of trails blazed by generations gone by—

. . . earlier generations to whom epidemics of disease that killed—wore disasters all too often repeated.

They learned—those earlier Americans—the only sure path—the path of Knowledge! Knowledge of what caused the killing diseases! Knowledge of how they could be prevented—how they could be cured!

Men and microscopes swinging into action . . .

Pouring in the light of scientific research . . .

*The same scene brought into focus, now showing typhoid fever germs.*

*New York street scene in 1900.*

*The four figures of rich man, poor man, beggar man and thief cringing away from a shadowy death-hand which appears about to clutch them.*

*Chart showing reduction in typhoid fever death rates during the period 1900 to 1934.*

*The same chart with actual rates quoted.*

*Tuberculosis ward.*

*Scientists in research laboratory.*

*Microscopic picture of Tuberculosis Bacilli.*

... and bringing out into the open the disease germs that had done such deadly work! Studying them—learning what caused them—how to kill the killers. Take the germ of typhoid fever!

When our grandparents, yes even our parents were young, typhoid was one of this country's commonest diseases . . . and one of its deadliest! Even as late as 1900 victims in the United States in a single year numbered as high as thirty-five thousand!

Rich man—poor man—beggar man—thief: No one was safe! In 1900, practically one in every three hundred Americans contracted typhoid . . . and, of these, one in every ten died!

Look at the record since! Carved by determined health officers encouraged and supported by enlightened citizens! Reducing the typhoid death rate per hundred thousand persons from thirty-six to a little over three!

One-twelfth as many victims today as there were before . . . and greater progress in sight!

Tuberculosis! The same inspiring story! Listen!

*2nd Narrator:*

Not many years ago tuberculosis was widespread enough—and threatening enough to earn the title of “The Great White Plague”. If you heard it mentioned at all, it was in frightened, half-shamed whispers. Its causes were unknown—its successful treatment a mystery!

Again came the decision to let in a little light!

Another disease-germ discovered—studied . . .

. . . brought out from the darkness and exposed to a good, clean, strong white light! Results?

**Chart showing reduction in deaths from Tuberculosis between 1907 and 1936.**

**Same chart with actual rates quoted.**

**Picture of assortment of anti-tuberculosis posters, pamphlets, stamps, and other educational materials.**

**Hand holding quill pen has written on a scroll, "Malaria," "Diphtheria," and is about to write the name "Syphilis" but has completed only the first three letters.**

**Closeup of word "Syphilis" as tho' just completed on the scroll.**

**One man exchanging confidence with another behind cupped hand.**

**Picture of Sir William Osler.**

Since 1907, deaths from tuberculosis in this country have been reduced by more than two-thirds—over sixty-seven per cent!

For every hundred deaths when the campaign began, less than thirty-three deaths today! And—a little more daylight on tuberculosis . . .

. . . a little more aggressive campaigning like this will see the death toll of the disease further reduced . . . may see it wiped out entirely!

Smallpox—malaria—diphtheria: America—an enlightened world has brought them, one by one, out into the light! Medical science has found what causes them—how to prevent them—how to cure them! What a saving, you say, in human suffering! Yes—but wait! What about that other disease?  
(*Spelling*) S-y-p . . .

*Syphilis!* (*Pause*) Let's hear more about that!

*3rd Narrator:*

If ever a little wholesome daylight was needed on any disease it is needed on Syphilis! Health officers . . . doctors . . . nurses . . . the world of medicine have realized what a menace it is; but how pitifully few of us every-day men and women! If we've heard syphilis mentioned at all in the past—we every-day people . . .

. . . it's been a half-shamed whispering, treating syphilis as some kind of a moral issue . . . instead of as the deadly disease it is!

But leaders in world-thought have not been silent!

The late Sir William Osler, for example—one of the great physicians and teachers of all time. Where others hesitated to state the truth—or did not know the truth—Dr. Osler described syphilis in unqualified terms!

**Title:**

**"The Greatest  
Killer Among the  
Infections."  
(Over microphoto  
showing syphilis  
germs).**

**Symbolic drawing as  
of a high rock cliff  
labeled "Unreason-  
ing Prejudice";  
"False Shame"  
and "Ignorance."**

**Title:**

**"Syphilis Organ-  
isms." (Over  
microphoto of  
syphilis germs).**

**Old woodcut showing  
syphilitic in bed.**

**Title:**

**"Syphilis Organ-  
ism Discovered in  
1905." "Modern  
Treatment De-  
veloped since  
1910." (Over  
microphoto of  
syphilis germs).**

"The greatest killer among the infections!" that was Dr. Osler's verdict! In other words, no other infectious disease causes as many deaths in all ages and all walks of life! Why haven't we known this grim truth before . . . we "average people"? I think I can tell you!

Partly because of a barrier of Unreasoning Prejudice; False Shame; Ignorance! A barrier that has kept out the daylight for generations—kept us from knowing the truth! But that's not the whole story! Listen!

*4th Narrator:*

We see here, greatly magnified, the tiny organisms that betray the presence of syphilis in the human body. Doctors know them as the "Spi-ro-kee tah pal-li-da". But the world at large knows them only in terms of human affliction that often ends in death! Syphilis is no new disease.

Here is a picture that appeared in a book on the disease printed in fourteen hundred and ninety-seven, nearly 500 years ago! Yes—syphilis had gained a strong foothold in the civilized world as long ago as that! But—and here's an important point . . .

It was not until nineteen-five, hardly thirty years ago, that a German scientist discovered the syphilis organism. And five more precious years had to pass before—with the discovery of salvarsan, modern methods of treatment were developed and put in use! In other words, medical science has fully understood syphilis—known how to treat it—for a comparatively few years!

*3rd Narrator:*

No wonder so few people outside the medical world have learned the truth about it! No wonder we've been ignorant in the past! But—that was yesterday; today, we can know—

**Large pointing hand.**

**Questions—**

**“How wide-spread?”**

**“How many have it?”**

**“Is it easily passed on?”**

**Laboratory scene with chemists at work. Superimposed over calendar cards indicating passage of years from 1905 to 1936.**

**Physician taking sample of blood from man's arm.**

**Title:**

**“1 out of every 20.” (Superimposed over picture of crowd).**

**Title:**

**“6,500,000 men, women and children.” (Set inside outline map of U. S.).**

**Photograph of New York City.**

—*you* can know! And to *help* you know is the reason we are meeting together now! To help you know—and to win *your* cooperation in a great campaign to stamp out one of the most widespread and deadly of all the enemies of mankind!

These questions rise in your mind . . .

Just how widespread is syphilis in this country? How many people have the disease? Is it easily passed on from one victim to another?

Experts, working along different lines have sought the answers to these questions for many years.

Blood tests—especially the Kahn and Wassermann tests—have been found helpful in determining the truth and have been made on hundreds of thousands of persons—men, women and children.

What did they show?

*1st Narrator:*

These tests indicated in conservative figures that syphilis numbers for its victims, at least one out of every twenty persons in this country today! Yes—one out of twenty—five out of every hundred . . .

. . . a tragic total of not less than six million, five hundred thousand men, women and children! Compare this total with one of our great metropolitan populations . . .

. . . New York, for example: The entire population of the greater city is little, if any, larger than the number of syphilitics in the United States!

*3rd Narrator:*

Syphilis is contracted most frequently by younger people. In fact, doctors often speak of it as “a disease of youth”. Yet the disease has spread into every corner of the Union and into all classes and ages of life!

**Miss Deming at her desk.**

**Picture of factory smokestacks suggesting "Industry."**

**Title:**  
**"4.4 out of every 100 Industrial Workers." Superimposed over factory smokestacks.**

**Title:**  
**"12 out of every 100 Railroad Employees." (Over closeup of railroad track).**

**Title:**  
**"16 out of every 100 Coal Miners." (Over background suggestive of bituminous mines).**

**Repeat title:**  
**"6,500,000 men, women and children." (Set inside outline map of U. S.).**

**Title:**  
**"100,000 Deaths Each Year from Syphilis!" (Over death-screen around bed in hospital).**

Miss Dorothy Deming, General Director of the National Organization for Public Health Nursing, has something to tell us in that connection! Miss Deming!

*Voice of Miss Deming:*

Twelve different groups of industrial workers—representing widely-varied industries and regions—have been among those blood-tested for syphilis in recent years . . .

Nearly four and a half out of every hundred were found to be victims!

Railroad employees in the Northwest: In the group tested, twelve out of every hundred were syphilitic!

Coal mine workers in the South! The proportion of syphilitics: Sixteen out of every hundred!

*1st Narrator:*

And so it goes!

Six and a half million persons infected with a disease which, if not properly treated, often utterly destroys! A disease that kills—well, what is the death-toll, Miss Deming?

*Miss Deming:*

Probably not less than one hundred thousand a year!

*1st Narrator:*

One hundred thousand!

*Miss Deming:*

Yes—that is the estimated number of deaths caused or hastened by syphilis in this country every twelve months! Unquestionably, it is one of the leading causes of death among *all* diseases!

*1st Narrator (thoughtfully):*

One hundred thousand deaths!

**Title:**  
**"6,500,000**  
**Cases. At least**  
**100,000 Deaths**  
**Yearly." (Super-**  
**imposed over**  
**crowd picture).**

**Title:**  
**"1 in 10 Receive**  
**Medical Treat-**  
**ment." (Over**  
**scene of blood-**  
**test).**

**Title:**  
**"Nearly 6,000,-**  
**000 Cases Not Un-**  
**der Treatment." (Over crowd**  
**background).**

**Repeat "Syphilis**  
**Organisms."**  
**(Over picture of**  
**syphilis germs).**

**Chart showing spread**  
**of infection**  
**among large**  
**group of contacts.**

**Closeup of second**  
**row of figures on**  
**chart.**

**Closeup of first and**  
**second rows of**  
**figures.**

And not less than six and a half million cases!  
 And—of these six and a half million cases,  
 Miss Deming, how many would you say are  
 under the care of responsible licensed physi-  
 cians?

*Miss Deming:*  
 Not more than one in ten!

*1st Narrator:*  
 One-in-ten! In other words, if there are six  
 and a half million cases in the country at  
 large—and less than one in ten under treat-  
 ment—

—that means there must be six million cases  
 —men, women and children who are uncared  
 for . . . persons whose health and very lives  
 may be at stake!

*Miss Deming:*  
 That's true!

*4th Narrator:*  
 We've spoken of syphilis as an infectious dis-  
 ease. That is just another way of saying that  
 each syphilis case comes from intimate contact  
 with another case, and not through ordinary  
 business and social relations.  
 Yet, few people realize how extensively  
 syphilis can be spread under certain condi-  
 tions.

Here's a chart built around the findings of a  
 doctor in a middle-western American city:  
 Look at those black and white figures—and  
 the lines connecting them and listen to the  
 doctor's explanation!

*2nd Narrator:*  
 Some time ago, in my medical practice, I ran  
 across three cases of newly acquired infectious  
 syphilis. The men stricken with the disease  
 are represented by these three black figures.  
 I asked the aid of the State Health Depart-  
 ment in tracing the source of the infection . . .

. . . and we found all three men had been in-  
 fected as the result of sexual relations with  
 the same woman—an infectious prostitute.  
 But that's only the beginning of the story!

***Repeat closeup of second row.***

***Closeup of second and third rows of figures.***

***Third and fourth rows.***

***Repeat entire chart.***

***Closeup of man's hands placing wedding ring on woman's finger.***

***Shadowy figure of woman in invalid chair.***

***Youth kissing girl.***

***Two-part picture—closeup of man's hands filling pipe from tobacco pouch, and closeup of tin drinking cup held in hand.***

We realized, of course, that each of the three men might infect others. We made it our duty to find out if they had done so.

And . . . here's the record!

One man had given the disease to another woman. The third man had spread the infection to nine! And still the story wasn't finished!

We found the disease had been spread still further until it caught four more once healthy people in its snare. And there—to the point where the State Health Department got them under treatment—is the record we uncovered!

Evidence enough of how rapidly syphilis will travel—if given the chance! Proof of the foolhardiness of promiscuous living; but proof, above all, of the dangers that spring from ignorance of a disease little, if any, less a death dealer than cancer or pneumonia!

*4th Narrator:*

It is, of course, true that illicit sexual contact is the chief source of syphilitic infection. But promiscuous people are by no means responsible for *all* cases of the disease.

The infected person who marries may transmit syphilis to husband or wife . . .

The syphilitic mother may infect her unborn child during pregnancy.

And sometimes the infection succeeds in spreading by other means!

Yes—believe it or not! Where infection is present in active form, a careless kiss may be enough to spread the disease!

The borrowed pipe or the common drinking cup last used by sufferers from certain forms of syphilis: Even they may serve to spread it! Fortunately, however, infections resulting from contact with inanimate objects are very rare.

*(Soft Music)*

*Miss Deming:*

To all of us, perhaps the most pitiful victim is the unborn child whose mother has syphilis.



***Drawing of child, indicating the position it takes within the womb.***

***Children's hospital scene.***

***Cemetery showing small crosses.***

***Doctor and nurse at bedside of woman supposed to have gone through childbirth.***

***Little child, obviously blind, trying to walk.***

***Title:  
"Caused by Syphilis:—Paresis, Locomotor Ataxia, Apoplexy, Paralysis, Disease of Heart and Blood Vessels." (Handwritten as on Doctor's prescription pad).***

***Repeat drawing of rock cliff.***

***Repeat picture, "Syphilis Organisms."***

Apparently safe in its mother's womb, the child's chances of entering the world normal and healthy depend very largely on expert pre-natal medical treatment.

Blindness — deafness — crippled bodies and minds: All too often, those are the legacies of children of infected mothers who have *not* received proper medical treatment.

In many cases, life, itself, is denied the unborn children.

Perhaps it is better they should be born dead! Life might have been such a bitter tragedy!

*1st Narrator:*

Yes—that is syphilis!

The underlying cause of many abortions, miscarriages and still-births.

Blindness! According to Dr. William F. Snow, of the American Social Hygiene Association, probably fifteen per cent of the blindness in this country today is due to syphilis!

Paresis—softening of the brain—correctly speaking, is caused by syphilis. So, too, is locomotor ataxia. Often, apoplexy and paralysis trace their origin to it as well as many diseases of the heart and blood vessels. Is it any wonder millions of people in every walk of American life are saying . . .

*3rd Narrator (strongly):*

Let's pull down the barrier that's protected this disease in the past! Let's let a little of God's good, clean daylight . . .

. . . and know it for what it is!

*1st Narrator:*

And among the strongest voices are those from the pulpit!

**Photograph of  
Dr. Fosdick.**

**Window in River-  
side Church.**

**Photograph of Dr.  
Goldstein.**

**Seven-branched  
candlestick.**

**Photograph of  
Father Parsons.**

**Confessional.**

**Photograph of  
Dr. Holmes.**

The Reverend Harry Emerson Fosdick, for example, nationally known church leader: Listen to views *he* has expressed!

*Voice of Dr. Fosdick:*

"It is a crying shame that this public scourge has had to continue largely because we have had no way of getting adequate information into the hands of the public!"

*3rd Narrator:*

The Reverend Doctor Sidney Goldstein, Chairman of the Social Justice Commission of the Central Conference of American Rabbis.

*Voice of Dr. Goldstein:*

"My experience in both the ministry and the field of social service confirms the fact that venereal disease, and especially syphilis, is one of the most devastating factors in family life. The damage that is done to both husband and wife, and most of all to little innocent children, must be made known to every part of the population.

We must find encouragement, however, in the knowledge that this plague not only can be checked but utterly wiped out through education and treatment. The program now under way to end the tragedies in family life due to venereal disease must move forward with increasing speed until the victory is won."

*3rd Narrator:*

The Reverend Wilfrid Parsons, of the Society of Jesus, for many years editor of the Catholic Weekly, *America*.

*Voice of Father Parsons:*

"Justice and charity both demand that human society become aware of a now-hidden danger within it—bring it into the open and take the necessary measures to overcome it!"

*3rd Narrator:*

And the Reverend John Haynes Holmes of the Community Church!

***Shaft of light striking through clouds.***

***Repeat "6,500,000 men, women and children."***

***Repeat "100,000 deaths each year from syphilis."***

***Man walking with two canes.***

***Repeat chart showing spread of infection.***

***Repeat "6,500,000 cases, at least 100,000 deaths yearly."***

***Title:  
"Can be Prevented. Can be Cured!" (Hands pointing to the words).***

***Repeat "Can be Prevented. Can be Cured!"***

***Chart of three figures to show chances of cure for syphilis under varying conditions, viz: 58%, 65% and 85%.***

*Voice of Dr. Holmes:*

"It is quite unnecessary for me to emphasize the vast importance of the subject of syphilis and the tremendous public benefit that would follow from a thorough-going educational campaign that would acquaint the public with the facts about the disease!"

*1st Narrator:*

In other words, "Let there be light!" A little good, clean *daylight* on what has been all too dark a place!

The far-reaching tentacles of the disease! Let's spread the truth about that!

Its death toll!

Its power to maim and cripple!

How easily it can be spread from person to person! How quickly one case may multiply to ten—twenty—and those twenty to twenty more!

Those are the truths we want to drive home! But—just a moment! They represent only the *darker* side of the picture. There is a brighter side!

And here it is!

*Syphilis can be prevented!* And, treated in time, *Syphilis can be cured!* Look these two heartening facts over for just a moment! Then we're going to tell you more about them.

*End of Part One*

## PART II

*1st Narrator:*

Yes—it's true! Syphilis can be prevented; and—caught in time—it can be cured! But—remember these words: "Caught in time!"

Here is a picture graph made up by the American Social Hygiene Association to show how unwise it is to delay medical treatment! Let's see the picture-graph taken apart—and put together again!

**Closeup of left-hand figure, 58%.**

**Repeat previous title.**

**Closeup of middle figure, 65%.**

**Repeat 3 figures with emphasis on third one, 85%.**

**Three figures repeated.**

**Title:  
"It's Never Too Late!" (Over view of Doctor taking blood test of female patient).**

**Tuberculous patients on sun porch in invalid chairs.**

*3rd Narrator:*

We're looking at the results of a study of thirteen hundred and sixty persons who contracted the disease. Notice—over on the right—that smaller figure measuring fifty-eight per cent?

Some of the sufferers were slow about reporting for treatment! They waited till the disease had reached what the doctors call its "Secondary Stage".

This small figure represents the cures in that group! A little more than *half*!

Here's a better showing! Sixty-five per cent cured among those wise enough to report for treatment before the disease had passed what the doctors call its "blood-positive, primary stage"!

Six to seven out of every ten cured—because they did not *wait too long*!

And here's the best showing of all! The results among those who put themselves under treatment in the so called blood-negative, primary stage, before the disease could get a strong hold. Eighty-five per cent—almost nine out of ten—restored to full, normal health!

Just about one-third more cures among those who applied *promptly* for treatment than among those who were "a little slow"; and nearly half again as many as among those who waited too long!

*1st Narrator:*

There's your proof of the importance of early treatment! But—remember—

There's never a time when it is too late to give some help! Even when complete cure proves impossible, the late crippling effects of the disease may still be avoided.

And treatment for syphilis doesn't mean giving up your job—going to a hospital!

Other diseases may compel the patient to live in a world apart—with all that means in expense, inconvenience and lost earning power! Not so with syphilis!

*View of street  
crowd in busi-  
ness section.*

**Title:**

*"Others can  
Always Be Safe-  
guarded!" (Over  
view of average  
man in hesitant  
pose as though  
doubtful whether  
or not to join  
family).*

*A great question  
mark over back-  
ground of 2 fig-  
ures, a woman and  
a man. Both posed  
to suggest inde-  
cision and  
anxiety.*

*Statement being  
typed on type-  
writer—"Diseases  
for Which Syph-  
ilis Is Frequently  
Mistaken. Heart  
Disease, Insanity,  
Paralysis, Cold  
Sores, Canker  
Sores, Psoriasis,  
Arthritis."*

*Cover page of  
pamphlet entitled  
"The Great  
Imitator."*

Persons under treatment can carry on—mix with their fellows—continue their daily tasks! And, above all—

—the sufferer who gets under treatment can be sure that others around him will always be safeguarded! He can fit himself to join again in their daily lives!

But now the question rises—

—how can the man or woman who contracts the disease know that he or she has done so? Let's hear the answer to that!

*4th Narrator:*

Before we attempt to answer, there's an important fact to know; and that fact is that syphilis is all too easily mistaken for many other bodily ills.

Here are a very few of the diseases with which it is often confused by people not qualified to diagnose it!

Heart disease—insanity—paralysis: In many instances these actually may be *forms of syphilis*—or *direct results* of the disease!

The same is true of many seemingly lesser ills that most of us think we know all about! Cold sores; canker sores, and so on down: Men and women kept from the truth by prejudice or ignorance often discover when it is too late that actually these are syphilis no matter how closely they may resemble something else.

—That's why syphilis—the great killer—is often called "the great imitator"! How doubly dangerous then for the individual to attempt to diagnose his own case—or that of another!

*1st Narrator:*

But now suppose the individual has no idea of trying to diagnose a case—that all he wants is to be able to recognize the danger signals of the disease when they appear!

***Danger signals as on  
a highway—  
“Small Ulcer” and  
“Swollen Glands.”***

A few of the more obvious ones may be mentioned! Small ulcer—or what the doctors call “primary chancre”—at the spot where the germs enter! Swollen glands nearby! As the disease progresses—

***Repeat with other  
signals reading  
“Skin Rash,”  
“Sores in Mouth,”  
and “Falling  
Hair.”***

—these new danger signals appear: Skin rash; sores in the mouth; falling hair! These are *some* of the danger signals set up when syphilis strikes; but, remember! The time to respond to them is *when they first appear!* And, above all, don't be misled if they disappear!

***View of woman  
looking into  
mirror, fingers on  
lips, as tho'  
searching for  
lost evidences of  
the disease.***

For, shortly after syphilis is contracted all visible symptoms—that is, symptoms you can see—generally do pass away. Yet that is when the germs of the disease begin to get in their most murderous work!

***Repeat microphoto-  
graph of syphilis  
organisms.***

In quiet hiding, perhaps for years, the organisms prey on the vital organs—especially the heart and blood-vessels and the nervous system.

***Doctor examining  
plate under  
microscope.***

Just as modern science must often be called in to uncover a murderer—so the resources of the qualified physician must be brought in to determine if syphilis is present before it, too, can kill!

***Man on street  
corner in attitude  
of indecision.***

Oh, yes! Travelling down to the doctor's office may seem a waste of time and money! But—think! Suppose this man were a friend of yours! Wouldn't you advise him to get an examination that's thorough—reliable—

***Physician making  
blood test on  
same man.***

The assurance that his loved ones will be safe? Knowledge of how to avoid giving the disease to others? The assurance, too, that, as the result of early-period treatment, he will be cured at small cost—and with little if any interference with his daily activities? Let's hear what treatment involves.

**Title:**

**"Regular weekly treatments. At least 20 doses of arsphenamine. 40 intra-muscular injections bismuth or mercury." (Over picture of man receiving treatment).**

**Repeat figure of child in womb.**

**Figure of conspicuously healthy infant.**

**Great circle filled with women's heads.**

**Repeat, but a black segment has been cut out of circle whose remaining area bears the figure "95%."**

**Physician hanging on wall a placard reading: "Every expectant mother should take a blood test."**

**Photograph of typical community.**

Treatment ordinarily requires one or more office visits each week for eighteen months, or longer; at least twenty doses of a drug named "arsphenamine" must be given, generally by injection into a vein of the arm; and forty intra-muscular injections of an approved bismuth or mercury preparation. Within a few days after this treatment begins, the danger of spreading the disease stops as long as the patient continues to have the injections, or such further treatment as the doctor considers necessary.

**Miss Deming:**

Again we see the unborn child of the syphilitic mother.

It is one of the brighter aspects of the disease that proper medical treatment of the mother during pregnancy can ensure this child's coming into the world—healthy—free from syphilis—

—ready to grow up and take its place in a world of healthy men and women . . .

Now suppose this represents a group of expectant mothers—every one of whom had contracted syphilis. And suppose every one of them had been placed under medical treatment not later than four months after pregnancy: How many could expect to bring forth healthy babies?

**(Cheerfully)**

Here's the answer! Ninety-five per cent of the cases where anti-syphilitic treatment is begun by the middle of pregnancy! An even larger percentage if treatment is begun earlier and carried through!

Do you wonder health authorities in ever increasing numbers are urging blood tests for every expectant mother?

Do you wonder that in communities like this everywhere, church—school—and public officials are recognizing the need for universal education on syphilis! Education of just the kind we are trying to spread at this meeting! Is it worth while—these efforts to get the facts known?

Listen!

***View of soldiers in  
company formation.***

***Beginning of chart  
showing 180  
venereal disease  
cases in U. S.  
Army in 1905.***

***Continuing chart to  
1913. (Over  
scene with soldiers  
and big guns).***

***View of recruits in  
World War.***

***Continuation of  
chart to 1917.  
(Over war scene).***

***Armistice celebra-  
tion on Broad-  
way.***

***Continuation of  
chart to 1920.  
(Over picture of  
flying planes).***

***Entire chart to 1934.  
(Superimposed  
over background  
of army scene).***

*3rd Narrator:*

The United States Army! Let's examine the results of a continuing effort to cut down syphilis and other so-called "venereal diseases" in all branches of the Military Service since nineteen-five!

In nineteen hundred and five, no less than one hundred and eighty cases of venereal disease for every thousand men!

Think of it! Eighteen per cent!

But, remember! That was the year the syphilis germ was discovered! That was when medical scientists and army authorities got their first real chance to do something about it! They seized their chance and—watch that line go down!

Nineteen-thirteen! Eight years later!

Only eighty-nine cases! Reduced one-half!

Came war—

—and the enlistment of millions! Many already infected; others, unused to the standards of army discipline perhaps; or just plain ignorant!

What happened?

Up went the figures! Up to a hundred and seven cases per thousand!

Armistice! The return of the troops! Two more years passed by—

—and the line moved *down* once more! Only seventy-nine cases per thousand in nineteen twenty—

—and by nineteen thirty-four the number of sufferers per thousand had been further reduced to thirty-four!

Think *that* over if anyone asks you if syphilis and other venereal diseases can be prevented—controlled—cured!

A reduction, since nineteen-hundred and five of eighty per cent!



**New chart showing a large and a small soldier, symbolizing drop in venereal disease rate between 1905 and 1934.**

**Research laboratory scene.**

**Repeat doctor treating patient with nurse nearby.**

**Community picture.**

**Social worker in pleading attitude as tho' asking audience "What will you do?"**

**Business man as though protesting to same social worker.**

**Busy street scene with people of all types and ages showing.**

**Same business man and social worker, but man's attitude conveys, now, that he is willing to help.**

*That's what knowledge—and the determination to apply knowledge—can accomplish! It explains why men and women in America today are throwing old-fashioned prejudice to the four winds—and joining this modern crusade against the disease!*

*1st Narrator:*

In the great research laboratories, science wages its war against syphilis,—

—Doctors and nurses lend their hands and hearts to the cause—

Church, home and school join with the State in the battle! And now, the question is—

What will *you* do to help?  
(*Pause*)

*Miss Deming:*

Sometimes when we ask that question we get the answer—

*2nd Narrator (in character):*

“Why should I do anything? I’ve never contracted syphilis or any other venereal disease—and I don’t intend to.”

*Miss Deming:*

That, of course, is the selfish attitude . . . and we know now it is the unwise attitude! For we have learned how near home syphilis often strikes—even when the individual is fortunate enough to escape it!

Our brothers and sisters—the sons and daughters we have now—or may have later—the men and women who look to us for guidance! Certainly they need to be helped—need to be told!

*3rd Narrator:*

“All right, then!” you say, “I’m convinced I should help. What can I do?”

*Miss Deming:*

Well—

**Drawing of rocky cliff barrier, "Ignorance," but waves of "Knowledge" are washing at the base of cliff.**

**Title:**

**"Syphilis is a disease—not a disgrace!" (Shown hand-written on a black background).**

**Picture of man carrying suitcase, about to enter the front door of his home.**

**The same man mounting the steps to a "Doctor's Office."**

**Big question mark.**

**Title:**

**"KEEP AWAY FROM THE QUACK!" (Over picture of medical faker urging a man to come into his office).**

**Man trying to decide whether to visit a physician.**

**A quack advertisement.**

— to start with, let knowledge rid our world, once and for all, of the unreasoning prejudice—the ignorance that have kept millions of sufferers from securing early medical treatment!

Let's get this into general circulation: "Syphilis is a disease—not a disgrace!" It's a disease that can be prevented—a disease that can be cured.

This is the real disgrace! To risk spreading syphilis among those we love—who look to us for companionship and protection!

Finding out the truth—promptly—voluntarily: That is the courageous way! And with your help, we'll make it more and more the modern way!

*4th Narrator:*

But suppose, now, that the person who wants to make sure decides to seek medical advice: What then?

Part of the answer comes in five short words—And here they are! *Keep—away—from—the—quack!*

Oh, yes—quacks—fake doctors—are dangerous when it comes to any disease; but they thrive on venereal cases! Why?

For one reason because so many sufferers are kept away from their own doctors by the very false shame we want to dispel! They're afraid their condition may become known—and so the "unknown physician", the quack, seems a haven of refuge!

Here's another reason quacks thrive on venereal cases. Most of us have seen claims like these displayed in public toilets, rooming houses. The promise of speedy cure! The offer of cheap medicines with which you can treat yourself!

*Assortment of bottled cure-alls.*

*Evil-looking quack practitioner huddled like a waiting spider at office desk.*

*Calendar cards with days one week apart checked.*

*Woman entering physician's office.*

*Same woman powdering her face before a mirror.*

*Repeat quack practitioner.*

*Reputable physician type at his desk looking toward audience.*

Some day, perhaps, we shall devote another meeting to telling what these quack medicines contain—how worse than useless—even harmful they can be! The reputable drug store does not carry them; your reputable physician will not prescribe them. But what we want to know now is: How can you spot the fake medicines?

How can you know the quack for the beast of prey he is?

The best way, of course, is to ask your town health officer before you consult any so-called doctor whom you have any reason to doubt. Another plan is to find out how quickly the quack promises to cure! For syphilis is seldom, if ever, cured quickly.

*1st Narrator:*

Yes—that is an important truth—and only the quack would deny it. Subject to the judgment of a trustworthy doctor in each single case, an average of at least one treatment a week over a period of from eighteen months to two years is the usual rate at which syphilis must be treated if it is to be treated successfully! This is true even if treatments are begun in the early stages.

And once treatments have been started, the patient must not discontinue them until the doctor, himself, approves.

Oh, yes! You may feel well! All outward signs of the disease may disappear! That would be the quack's excuse to call you cured—collect his bill—and send one more carrier back—perhaps to his death!

Trust the quack and, without knowing it, you may transmit the disease to somebody else.

Consult the reputable physician—and you'll avoid taking chances, either with another—or with yourself.

*1st Narrator:*

But what about those of us who don't know a good doctor? Or can't afford private medical treatment?

There was a time when those would have been difficult questions to answer! But we've come a long way since!

***Typical clinic scene.***

Today, most communities maintain advice centers and clinics to take care of people who need their help. Patients who can do so pay minimum fees; others are treated without charge; still others are referred to trustworthy private doctors.

And the clinics are not hard to find.

***Scene of dial telephone and phone book.***

Your telephone book will give you the address of the local Health Department, and there you can get full information.

Or you may telephone your District Medical Society—and the names of qualified doctors will be given you from which to choose. But—however you do it, the important thing is to get under treatment quickly—by a doctor you know you can trust.

***Drawing of many question marks.***

*4th Narrator:*

“Where can I get printed information on this subject which I can study—or turn over to people I want to help?” That’s a question often asked! More than twenty years ago, the AMERICAN SOCIAL HYGIENE ASSOCIATION undertook to supply the answer.

***Assortment of publications distributed by the American Social Hygiene Association.***

Here are some of the interesting materials that have come from their headquarters in Rockefeller Center, New York. Suggestions for lectures, institutes, and other helps are also provided on request.

***Dr. William F. Snow, General Director of the Association, talking with typical business executive.***

Consultation about medical facilities and services for treating syphilis, and assistance in dealing with community conditions that help to spread the disease!

***Closeup of 3 pamphlets:  
“Health for Man and Boy,”  
“Women and Their Health,”  
and  
“Marriage and Parenthood.”***

Here are three particularly helpful pamphlets, addressed to the individual and distributed by the Association. Ask the sponsor of this meeting how you can get copies; or apply to the AMERICAN SOCIAL HYGIENE ASSOCIATION. Read them! Then see they are placed—where? Well—

**Photograph of healthy boy.**

**"Health for Man and Boy" with pencil pointing to the text.**

**Photograph of fine looking girl.**

**"Women and Their Health" with pencil pointing to heading "Periodic Health Examination."**

**Sign-board as on a highway, with the text—"We want your help to stamp out syphilis!"**

**Shop worker at big machine.**

**Mill girl.**

**Factory superintendent speaking to employe.**

**School Teacher.**

**College boys.**

**Meeting of typical Parent-Teachers Association group.**

**Repeat "Syphilis is a disease, not a disgrace."**

*3rd Narrator:*

That boy! Wholesome—happy—carefree! Nearly ready to take his place in the world! Wouldn't he be helped to healthier, more self-reliant manhood by a clearer understanding of sex matters? If he is to be stricken down by syphilis—and remember, five out of every hundred are victims!—

—might not his very life be saved by the knowledge of what to do—where to go—and why?

*Miss Deming:*

That girl! Perhaps you have a daughter—or a sister like her: Remember! Syphilis affects women the same way it affects men! Prompt consultation and treatment are just as important!

One sentence in this human, friendly pamphlet might save her years of misery!

*1st Narrator:*

And now, let's emphasize our outstanding point—

We want your support—the active support of every individual—in a great public campaign to stamp—out—syphilis! No one is too high—or too lowly to help!

The shop worker who lives and mingles with his fellows, day after day—

The girl who does piece-work in the mill—

The factory superintendent—

The school teacher—

The undergraduate—

Above all, the mothers and fathers! Each can do a vital share of the work!

Let the word be spread! *Syphilis is a disease—not a disgrace!*

**Title:**  
*"Syphilis Is  
 Curable!"*

**Repeat scene of**  
*physician making  
 a blood test.*

**Repeat photograph**  
*of reputable  
 physician at desk.*

**Repeat view of man**  
*entering doctor's  
 office.*

**Family Group**  
*in home.*

**Repeat main title of**  
*picture, "For all  
 our sakes."*

**Title:**  
*Narration by:*  
*Marley Sherries,*  
*Santos Ortego,*  
*Dwight Weisst,*  
*Rita Allyn,*  
*Wilfred Lytell,*  
*James J. Van*  
*Dyk.*

**Title:**  
*Written and pro-*  
*duced by*  
*Ralph Rushmore*  
*Directed by*  
*A. F. Bernadac*  
*Photographed by*  
*Irving Dutcher*

The disease is curable! Cure involves no prohibitive expense—may even be had for nothing! The patient need be neither hospitalized nor incapacitated! There is, remember, no royal road to cure!

Cure requires examination—timely diagnosis—the beginning of treatment at the earliest possible moment by a competent physician. And regular continuous treatment . . .

—until the physician, himself, assures the patient that the danger is past!  
*(Closing music)*

One fact remains!

If every case of syphilis could be brought under treatment early and kept under regular treatment by modern methods the disease could be made a rare disease—

—in one generation! That is the contribution we could make to the world we live in—the world we'll leave behind for our children to live in! *Let's—make—it—that—kind—of—a world . . .*

*. . . for all our sakes!*

*(Closing, music playing)*

*(Music playing)*

*(Music out)*

**Title:**  
*The End.*  
*Copyright 1936 by*  
*Ralph Rushmore.*

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

The American Social Hygiene Association has been since 1914 the national voluntary agency for social hygiene, cooperating with the federal public health and welfare authorities and state and local agencies. Its purpose is to encourage, strengthen and preserve American family life, by such means as

### HEALTH PROTECTION—

through prevention and treatment of the health enemies, syphilis and gonorrhea

### GOOD ENVIRONMENT—

influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

### SUCCESSFUL LIVING—

amplified and safeguarded by sound sex instruction and education for marriage and family relations

The Association is glad to aid and advise all other groups and individuals interested in working towards these objectives, and seeks their cooperation in planning and carrying out the national program. The organization is supported entirely by voluntary contributions and membership dues, which come from every part of the country. Membership privileges include: the monthly JOURNAL OF SOCIAL HYGIENE; the SOCIAL HYGIENE NEWS; copies of pamphlets (on request); 10% discount on books in our selected list; library loan and reference privileges; advisory service from the staff.

**Annual Individual Dues, \$2.00.**

**Library membership service, \$3.00.**

*(With year-round automatic pamphlet service  
and loan package library)*

**Society membership, \$10.00.**

*(Privileges include 2 copies of all periodical  
and pamphlet publications)*

*You Are Invited to Send Us* {  
Inquiries  
Suggestions  
A contribution, or your name  
for membership  
The names of others who may  
be interested

**Write to**

**The American Social Hygiene Association  
50 West Fiftieth Street, New York, N. Y.**

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**"UP THE HILL TOGETHER" . . .**

*"Youth with swift feet walks onward in the way  
The land of joy lies all before his eyes"*

—Frances Anne Kemble

The frontispiece photograph is by the Philip D. Gendreau Press Illustration Service

# Journal of Social Hygiene

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## Youth Number

### YOUTH'S RESPONSE TO THE WAR ON SYPHILIS

GEORGE GALLUP

*Director, American Institute of Public Opinion*

EDITOR'S NOTE: *The following address was given by Dr. Gallup as one of several in a session on youth problems, under the general subject "A Generation Finding Itself," which opened the New York Herald-Tribune's annual Forum on Current Problems held in New York City October 3-5, 1937, and was attended by more than three thousand delegates and guests. Just previous to Dr. Gallup's talk, Surgeon General Parran had addressed the Forum on the topic "Syphilis and the Child," discussing the nature and prevalence of the disease, means of avoidance, methods of control, and the hope of stamping out this "Great Killer," if the cost of "half a battleship a year" could be devoted by the government to the campaign. Both these addresses with other Forum talks were broadcast over the coast-to-coast network of the National Broadcasting Company from Station WJZ. Dr. Gallup's talk is printed here by special permission of the New York Herald-Tribune and with his own consent.*

There are good signs that the plague of syphilis may be the next great plague to go. Dr. Parran has been telling us what the solution of the syphilis problem is, and he assures us that we can stamp it out. He tells us what medicine and co-operation can do. He describes what they have already

done in Sweden, in Denmark and in other countries abroad. Now, for a few minutes, I want to tell you what average Americans, all over the United States, say they are willing to do in the fight against this public enemy. There are 130 millions of us, from one corner of the continent to the other; and no crusade, no matter how well conceived, ever gets very far or lasts very long in this country without a pretty good majority marching in the ranks.

Is the country ready for a crusade against the social diseases? Or do the old taboos, which have prevented discussion of the problem for so long, still stand in the way? Does a substantial majority think of syphilis as a public health problem nowadays? Or is syphilis just the hard luck, and the silent humiliation, of the man or woman who has it?

Two years ago, just about the time that Dr. Parran's campaign began to gain momentum, the American Institute of Public Opinion was organized to find out, and report, the views of the American public on the issues and movements of these times. In two years our nation-wide inquiries have included several on the social diseases, and everything that we find points to the success of the drive against syphilis. The mere fact that we were able to conduct a nation-wide poll on the subject of social diseases is, itself, a sign of victory.

#### *"Nice People" and Syphilis*

Dr. Parran has written—I quote him—"It cannot be repeated too often that first and foremost among American handicaps to syphilis control is the widespread belief, from which we are only partially emerging, that nice people don't talk about syphilis, nice people don't have syphilis, and nice people shouldn't do anything about those who do have syphilis." That's the end of the quotation. Not very many years ago, probably, it would have been impossible for students of public opinion to have asked typical Americans what they were willing to do about syphilis. Probably it would not have occurred to the students to ask, for the whole subject was beyond the pale. It was improper. It was taboo.

Health authorities made little attempt to report cases of syphilis. Newspapers shunned the subject and the word. And sixty years ago, when a member of the American Medical Association offered the first

discussion of syphilis as a national health problem before a meeting of the association, he felt it necessary to apologize for his subject and express the hope that he would not "give offense" to his medical colleagues or "disturb the prejudices of the public."

But there has been a change. Today growing numbers of private physicians are searching out syphilis, reporting it and treating it. In the last two years, newspapers in almost all our large cities have published articles about it, and the old taboo against using the word syphilis in news columns is on the way out. Newspapers are beginning to treat it as they do pneumonia or anything else. Magazines, too, have opened their pages to articles about it; and they are finding overwhelming approval in the letters that come back from their readers.

### *Women's Clubs Help*

Women's clubs and the service clubs are beginning to help in the campaign for public education. More and more, the states are becoming interested in the social diseases as a public health responsibility. And this year a political party here in New York State—the American Labor party—has written into its platform a short plank urging control of social diseases. Another signal of public opinion, of course, is the fact that the annual Herald Tribune Forum is discussing the question this year, and that the National Broadcasting Company is reporting the sessions over one of its networks.

This advance in public candor has come on the heels of more than a generation of brilliant and successful work in the laboratories by men like Wassermann and Ehrlich. Undoubtedly, too, we were jolted out of our apathy by the size of the syphilis problem we discovered during the World War. And since 1930 we have begun to watch the Scandinavian countries, among others, as they cut their syphilis problem down to a fraction by the use of fundamental public health measures. All this has brought the average American to the place where he is ready to say: "What then must we do?" And that is a victory in itself.

But only a few short months ago, when the American Institute of Public Opinion proposed to conduct a nation-wide poll on attitudes toward the control of social diseases, we couldn't be at all certain of this. We sent copies of our proposed questionnaire to the men who make the institute's survey possible—to the editors of newspapers in all parts of the country which have joined in underwriting our costs—and some of them were dubious.

We would have to go out and put our questions to citizens in every state and in every walk of life; to men and women; to Northerners and Southerners; to young people just old enough to vote and to their parents and grandparents. Our interviewers would have to buttonhole all kinds of people. Would people answer the questions?

Well, they did.

We asked them, "Would you be in favor of a government bureau

that would distribute information concerning venereal diseases?" and throughout the country we found that ninety persons out of a hundred on the average, answered "Yes." Then we asked them, "Should this bureau set up clinics for the treatment of venereal diseases?" That meant government clinics. And again 88 per cent of the voters we talked to said "Yes." Nobody avoided the questions. Only two or three voters out of a hundred didn't have an opinion.

Our interviewers reported that, from the reactions of the voters themselves, the questions had been among the most interesting we had ever asked. Often voters were not content with a "Yes" answer to the questions. They would volunteer explanations for their opinions. "Yes," they told us frequently, "I'm in favor of any steps at all that would help control the disease. Nothing the government could do would be too drastic." Others told us: "I wish this had been done long ago."

### *"Nobody Is Safe"*

Many voters take the position that as long as syphilis remains in a large section of the population, "nobody is safe." With others, control of syphilis is just a matter of "good business." A filling station operator in a small Ohio city probably summed this point as well as anybody can: "The money spent to control syphilis now," he said, "would empty half our state institutions inside a generation."

Opinion may differ, of course, as to how much money syphilis is costing the country every year in the care of incompetents and delinquents. But the burden on the state and on the individual, generally, is a common sense factor behind a lot of public opinion today.

Since that first nation-wide survey, which was published in newspapers throughout the country last December, we have conducted several others on social disease. The results repeatedly show that voters are willing to do almost anything—to authorize almost any public program—that gives reasonable promise of helping stamp out social disease.

Frequently our polls have shown majorities of nine to one in favor of these steps. On few other public issues has the institute ever found such agreement. On the principle of old age pensions, for example, the institute has found an approving vote of almost nine to one. But, when it comes to deciding how, and to whom, old age pensions should be paid, the solid front crumbles. The Democrats and the Republicans can't get together, and the third party voters disagree with them both. On other questions that the institute has studied—on the Supreme Court, on the N.R.A., on labor unions and even on peace and neutrality—opinion has been much more evenly divided than on any one of half a dozen questions concerning control of social diseases.

The old taboos are collapsing all along the line, and the average American is ready for a program. Even the Democrats and Republicans are on the same side.



*Youth's Response*

Youth's response to the fight against social diseases is probably the brightest part of the picture, for the social diseases attack a greater number of young persons between the ages of twenty and thirty than any later age. In the institute's surveys these young people approve, by an overwhelming vote, most of what health authorities would consider a minimum program of action. They not only approve such routine matters as government information bureaus and clinics. They also approve laws—already passed in Connecticut and Illinois—to require a blood test of persons who apply for a license to marry.

*Second*, they say that adequate treatment should be provided for every person afflicted regardless of his ability to pay for the treatment.

*Third*, they say that treatment should be obligatory. By a majority of seven to three, young voters say the state should have power to punish any individual who is knowingly afflicted and who nevertheless avoids treatment once it has been made available. This is a provision of the law in Scandinavian countries, and though the penalty is seldom invoked, it has established the idea that transmitting a venereal disease is a crime.

*Finally*, young voters throughout the United States tell us by a vote of more than nine to one that they would be willing to undergo a blood test for syphilis themselves. This is the same question that the Chicago Board of Health recently put to more than a million voters of all ages in the City of Chicago. There, too, the result showed more than nine to one willing to take blood tests.

All the institute's experiments with these subjects show that there is no great difference in sentiment between young persons and their elders, between the well-to-do and the man on relief, between the citizen of one state and the citizen of another. The old taboos on the discussion of social diseases are off. The apathy is gone, too. The average citizen is ready to support any reasonable and promising program. The diseases are no longer considered merely problems of the individual, but as problems of public health.

The average citizen agrees that the State and Federal governments should step in. This will take money, but even your old-fashioned, budget-balancing, average American is in favor of spending cash to control disease. Last spring the institute asked, "Should Congress appropriate twenty-five million dollars to help control venereal disease?" And three voters out of every four said "Yes."

Given public health leadership from their health authorities and from their representatives, the people are ready to go a long way. They want information. They want clinics. They want treatment and control. If they could speak with one voice, they possibly would say: "It should have been done long ago."

## YOUTH'S OWN FIGHT

A. M. SIRKIN

*Public Health Commission, National Council, American Youth Congress*

*Whereas* one of the greatest social problems facing Young America today is that of social or venereal diseases, therefore

*Be it resolved that:*

This Model Congress of Youth go on record as favoring the progressive trend toward full publicity and the extension of educational, protective, legal and medical measures, and

*Be it further resolved that:*

A permanent Social Hygiene Committee be appointed by the National Council to the end that it begin immediately to act upon and publicize the aforementioned measures.

Thus did the Special Sub-Committee on Social Hygiene phrase the unanimous conviction of 931 "Senators" and "Representatives" present at youth's Model Congress of the United States on July 5, 1937, in the Pabst Theatre in Milwaukee.

With the passage of this resolution, the chosen representatives of more than 12,000,000 young Americans in factories, farms, churches, schools, settlement houses and "Y's", enlisted for the first time in the current war against syphilis and gonorrhea.

The delegates, representing well over a majority of the organized youth of the country, had met to discuss the common problems of American youth, to suggest possible solutions, and to demonstrate to the Nation what they would do if they *were* (and what many of them *will* do when they *become*) members of the Congress of the United States.

For three days they discussed the matters which had been uppermost in their minds throughout the year. They talked of youth unemployment, vocational training, democratic liberties, war and peace, educational and recreational needs, housing, delinquency and crime prevention, rural migration—all the recognized "youth problems" which have worried them and have begun to concern some of their elders in the past few years.

On the fourth day of the Congress, however, they discovered—impossible as it may have seemed—an entirely new “youth problem.” It was “new,” they soon found, only in the sense that they had never considered it a “youth problem” before.

The combined force of a special message from Surgeon General Thomas Parran, a speech by Wisconsin's State Public Health Officer, Dr. C. A. Harper, and an address by Major Bascom Johnson, Associate Director of the American Social Hygiene Association, brought strikingly home to the assembled representatives of Young America the fact that the control of syphilis and gonorrhea is not only youth's problem but youth's responsibility.

The young “Congressmen” learned that fully one-quarter of the 20,000,000 young persons in this country between 16 and 25 are affected by one or the other of these plagues—fully as large a proportion of the total youth population as suffers from unemployment. They were informed that medical science is thoroughly prepared to curb these diseases. They were told that only ignorance, prejudice, and inertia stood in the way of making syphilis today as rare as typhoid. They decided then and there to do something about it.

After hearing Major Johnson outline the measures which a community might take if it wished to make an intelligent, concerted effort to control venereal disease, the delegates from national and local youth organizations and youth-serving agencies adopted three specific resolutions which might serve as the basis for a community-coordinated social hygiene program.

Resolution No. 1 urged the passage by all states of laws requiring every applicant for a marriage license to submit to a blood test and to present a statement by a licensed physician that he or she “is not infected with syphilis or in a stage of that disease that may become communicable.”

Resolution No. 2 recommended state laws authorizing and requiring health officers:

1. To examine any person who they have reasonable ground for believing is infected with an infectious venereal disease and is likely to infect or be the source of infection of any other person;

2. To require such infectious person to take and continue treatment for such disease (under quarantine if necessary) until no longer infectious;

3. To establish laboratories and clinics for the free diagnosis and treatment of these diseases in all cases of infected individuals who may be indigent or otherwise unable to pay a physician for the cost of such laboratory service;

4. To conduct campaigns of public health education . . . by the use of all the media of mass education concerning the dangers of these diseases and the necessity for public cooperation in their elimination;

5. To secure and employ the trained and experienced personnel and equipment necessary to carry out these activities.

## Resolution No. 3 stated:

*Whereas* the institutions of marriage and the family still constitute the foundation stones upon which the social structure rests in spite of the severe stresses and strains to which these institutions have been subjected by changing economic and social conditions, and

*Whereas* the further disintegration of these sex stabilizing institutions would, among other serious ill effects, materially increase the incidence and spread of the venereal diseases, therefore—

*Be it resolved that:*

This Congress recommend the inclusion in secular or religious systems of education of courses of instruction for young people calculated to prepare and train them for successful marriage and parenthood.

The sudden emergence of venereal disease as a genuine youth problem stirred great interest among the youth leaders at Milwaukee. A large number of them decided to go back home and to press for the measures they had just adopted. Many began to consider methods of rousing their entire community to begin a thoroughgoing attack on this menace to youth.

During the past few months, the country has seen striking instances of youth's concern over the problem. Young people participated actively in the recent publicity campaign in Chicago, where they paraded the streets with anti-syphilis banners and helped popularize the local ballot on voluntary Wassermann tests. Poll after poll has revealed that the nation's youth will strongly support all proposed public measures—legal, educational, and medical—to stop the spread of the diseases and will submit freely to tests if a mass testing campaign is undertaken.

Since the Milwaukee gathering, the office of the American Youth Congress which arranged the Model Congress, at 55 West 42nd Street, New York, has received a steady stream of inquiries from youth councils and organizations in many cities on the possible development of youth social hygiene campaigns in their communities. In some cities young people have already taken preliminary steps. In Minneapolis, the youth groups placed social hygiene on the city's open forum program. Baltimore youth groups are scheduling social hygiene talks on their own youth forums.

The most ambitious program thus far, however, has been undertaken in New York City. As a direct result of the Milwaukee resolutions, the New York Council of the American Youth Congress, with the cooperation of the city's Department of Health, has organized a Joint Youth Committee to Control Venereal Diseases. The general plan of a city-wide campaign of education and mass testing of young people was outlined at a meeting of representatives of 45 youth, welfare, church, labor, civic, and medical organizations, including five YMCA's, many settlement houses, six trade unions and the church federations of two entire boroughs. An executive committee is now busily engaged enlarging the joint committee to include representatives from *all* youth groups in the city and is working out the

technical details of the whole metropolitan campaign to take place this winter and spring.

The real news in this New York drive, however, is that for the first time youth itself will participate actively in the drive against the venereal danger. Young people themselves will have a large share in planning, directing, and conducting the campaign through their own organizations and throughout the city. Tentative plans call for neighborhood polls, essay and poster contests, lecture series, slide showings, motion pictures—all through the channels of established youth groups. It will be youth's own fight against youth's own menace. In the opinion of Health Commissioner John L. Rice and Dr. Walter Clarke, consultant of the Department's Bureau of Social Hygiene and Executive Director of the American Social Hygiene Association, this drive opens up great opportunities for education about, and diagnosis and treatment of, venereal diseases in that portion of the population most seriously affected.

Meanwhile the National Council of the American Youth Congress has set up a permanent Public Health Commission, whose first job is a social hygiene campaign among national youth organizations and local youth councils from coast to coast. With the aid of Dr. Clarke and Major Johnson, a nation-wide youth drive for state legislation and local action along the lines of the Milwaukee resolutions is now being mapped out.

One of the chief incentives for youth groups in this matter is their realization that in this effort, youth can serve the community as much as it serves itself. Young America has only recently become aware of its social responsibilities in our democratic society. By joining community social hygiene councils, or helping to organize them where they do not exist, young people have found an excellent means of exercising and developing their newly-awakened civic consciousness.

"These diseases could be wiped out in a generation," said Major Johnson at Milwaukee, "if youth accepted this challenge." American youth has not only accepted the challenge but has enlisted for the duration of the war.

# SOCIAL HYGIENE STUDIED BY THE AMERICAN YOUTH COMMISSION

ARTHUR L. BRANDON

*Executive Assistant, American Youth Commission*

When the American Youth Commission was formulated by the American Council on Education in 1935 it was asked "to consider all the needs of youth between the ages of twelve and twenty-five, and to develop a comprehensive program for their *care and education*."

Any complete exploration of youth problems of necessity includes a consideration of health and the related factors which lead to the enjoyment of life. This area, therefore, has constituted one of the significant inquiries of the Commission during these first two years of its service. To date, the staff is engaged in two studies which it is hoped will provide information on which specific recommendations may later be based. The first has to do with the health of college students and the second with the health of Civilian Conservation Corps enrollees.

More than five thousand young men and women in various colleges of the United States are being observed in an effort to discover the general health picture of a given section of youth. The physical and medical examinations given to freshmen and other entering students form the basis of this study. The student's health history, condition upon entrance, illness suffered during the school years, speed of recovery, facilities for care and treatment, preventive measures and required health activities are among the items being tabulated and analyzed. At the same time the extent and adequacy of student health services in more than five hundred colleges and universities are being noted. An analysis of these data will point the way, it is believed, toward the improvement of health facilities and the wider utilization of available services in addition to revealing further information on the physical status of thousands of youth.

While this investigation of a small and highly-privileged segment of the youthful population is in process, a similar study is being planned for another group—the young men in the C.C.C. camps. This health survey is a part of an extensive inquiry into the activities of the enrollees which is a major project of the Commission. The section on health will probably include an appraisal of the health knowledge of the young men as a part of a broader psychological study, a survey of their physical status on admission and dismissal, health reasons for rejection, illness and accidents in the camps, problems of camp sanitation, and special samplings of the incidence of tuberculosis and syphilis.

Investigations in the colleges and C.C.C. camps deal only with young people in the middle and upper age levels, and at two extremes of economic and educational opportunity, in general. This leaves youth of the secondary school age—by far the greatest number—not yet considered by the Commission staff. Plans, however, are being formulated for a health study of this important group. Information made available by competent health officials shows that not more than ten per cent of our secondary school youth are given adequate health information and protection.

In the opinion of the physicians and health officers advising the staff of the Commission the immediate needs in this field are for:

1. A critical and comprehensive analysis of practical programs for improving the situation in schools of varying size and resources; and information regarding costs, materials, and techniques made available to the schools through the publication of simple pamphlets.

2. "Laboratory experimentation" of health programs in actual school situations, and subsequent establishment, upon invitation, of similar programs in other communities, commensurate with the financial resources of the locality.

3. The encouragement of local and state health conferences, under the guidance of health authorities, for the purpose of stimulating interest among teachers and school administrators in the needs of their particular students and the benefit of standardized procedures of medical inspection and health teaching.

4. The study of means for making health programs general after appropriate types for different schools have been discovered.

It is not necessary to await the results of the foregoing inquiries, either completed or contemplated, to appreciate the fact that the physical and mental health of young people constitute one of America's important problems. Because normally the youthful period is one of energy and vitality, little attention is paid by the growing individual to health considerations or the sane rules of living. Carelessness frequently characterizes actions at this age, and a blissful ignorance of hazards and susceptibilities leads to later ills. There is no time in life, however, when the consideration of health is more vitally important and beneficial.

Two of the most dreaded scourges—tuberculosis and venereal diseases—strike particularly at young people. The fight against the first of these has been going on for some time, but with less success among youth than is generally supposed. The struggle against the other has only recently been brought into the open.

Tuberculosis caused the death, in 1935, of 4,045 youth between the ages of fifteen and nineteen years in the United States. Despite remarkable headway in curbing its effects the disease is still seriously threatening.

More than ten per cent of the nation's youth are at present affected by syphilis, and a larger number by gonorrhea. Not until this distressing fact became generally known was the taboo against mentioning the venereal diseases in print lifted. The present dire effects of these social ills on personal and group happiness, and the damage to the comfort and peace of innumerable homes remains one of the great tragedies of American carelessness—an inexcusable instance of *laissez-faire*, since modern medicine knows the cure and quite quickly could bring a marked reduction of the ill if given opportunity. Fortunately, through the pressure of various agencies and individuals, the attack against these particular evils has become public, and young people will be armed with knowledge and guarded by protective measures.

The Commission in its studies has discovered a growing need for helping young people adapt themselves to the emotional and social problems of adult life. The failure of many youth to adjust themselves mentally is evidenced in the increasing numbers admitted yearly to mental institutions. Of approximately seventy thousand first admissions to state hospitals in one recent year, more than one-eighth, or nearly nine thousand, were between the ages of fifteen and twenty-four. An unknown additional group entered county, city, and private hospitals, while an even larger number of persons are thought to be suffering from mental illnesses not serious enough to warrant institutional care. No one can estimate the number of young men and women whose lives are being frustrated because of unresolved conflicts associated with faulty childhood training, physical handicaps and their concomitants, with sex worries, the need for healthful emotional outlets, social under-privilege, and lack of vocational guidance and opportunity. Mental ill health becomes more, not less, menacing as our social and economic structure grows more complex. Though the instruments are less clearly defined for the adjustment of mental problems than for physical ailments, many are being successfully used and others will follow.

While we have given a great deal of consideration to the influence of physical well-being on mental health, all too little thought has been devoted to the effect which a wholesome mental adjustment may have on the physical life. The home is the most effective place for gaining the satisfactions in life that lead to a happy mental outlook, yet training for an enriching home life is one of the most neglected areas in American education. Such training is, ideally, the province of the home. That it is given abundantly in many families is unquestioned. In others, however, and undoubtedly the majority, there is no evidence of any adequate preparation for the responsibilities the young people will soon be shouldering in their own homes. The school, the church, and social welfare agencies, with their various media for publicity,



must move even more rapidly than at present in aiding parents in the training of youth for marriage, a satisfying home life, and parenthood.

Young people themselves sense the need for more realistic guidance in the realm of personal relationships. In numerous surveys they have deplored their ignorance or misunderstanding of vital facts regarding marriage, and have asked for more individualized instruction on such related matters as the choosing of a mate, and sex adjustments. They have, further, called attention to the unfortunate economic conditions which make marriage impossible to many young people of marriageable age, or if they marry, force them to live with their parents.

An encouraging factor in the situation is this demand of youth for training. They have done more than ask; they have acted to secure the education they want. Many schools and colleges are now offering courses in marriage and the family, and the public is gradually coming to realize that its former indifferent attitude on this subject has been stupid. With these steps toward wholesome home and health knowledge assured, a significant advance in the mental health program has been made.

Accomplishments in recent years give hope for the future. Gains must be consolidated and extended if healthier and happier lives are to be made possible for a constantly enlarging number of persons. Progress can be speeded up by a never-ceasing attack on the problems, and by the spreading of information through all the avenues that can be made open. Society must prepare the way for youth to live properly. An improved environment and an educational program to meet present needs are not too much to be expected.

## THE NYA AND SOCIAL HYGIENE

AUBREY WILLIAMS

*Executive Director, National Youth Administration*

On Friday, August 13, of this year, the citizens of Chicago beheld what was probably the most remarkable parade in its history. Carrying banners which denounced the scourge of syphilis, 1,500 young men and women marched through the Loop to the City Hall. There they received, for distribution to 200,000 people, ballots asking whether Chicagoans would like to take, secretly and free of charge, the Wassermann test for syphilis. The young men and women were National Youth Administration work project employees who had volunteered their services.

Ten days earlier the Illinois NYA State Director had announced the establishment of a health clinic at the Chicago

Southside Boys' Club for the purpose of eradicating syphilis and of teaching young people better health habits. Primarily for NYA project workers, this clinic is providing, on an entirely voluntary basis, general health examinations which are being made by staff members of the Chicago Tuberculosis Institute. In less than a week after its inception, 76 Wassermann tests and 430 Mantoux Tuberculin tests had been given.

Encouraged by the successful results of its Chicago health activities, the Illinois NYA sent out on August 30, to all district directors and supervisors of work projects throughout the state, a comprehensive bulletin, drawn up in cooperation with the State Department of Health, making suggestions as to how to organize a community health education program through integration with work project activities. All community facilities are to be used—health lectures, health motion pictures, the organization of hygiene and first aid classes, library displays, and so on—so as to promote health education. In addition, local health committees, consisting of representatives of the State Department of Public Health, doctors, dentists and other persons interested in health work, are to be organized. These will attempt to secure free medical examinations for NYA employees from local health authorities or from local medical, dental and nursing groups.

But though the Illinois NYA helped to open the U. S. Public Health Service's nation-wide campaign against venereal diseases, much has been done, during the last two years, through the NYA in other states to protect youth from the ravages of social diseases. In many states free medical examinations have been secured for a large proportion of the NYA project workers. In Georgia and Oklahoma, for example, every employee has had such an examination. Not only have the county doctors of Grady and Thomas Counties, Georgia, given their services without charge to NYA young people, but all NYA workers in Fulton and De Kalb Counties are, under the auspices of the Atlanta Tuberculosis Association, being given medical examinations which include a tuberculin skin test, a blood pressure reading and the Kahn blood test for syphilis.

Of the 585 young women examined in Atlanta during the first two months, 371 were Negroes and 214 white. The Kahn tests of the Negroes revealed 138 or 37% positive reactions, while 209 or 53% of the tuberculin skin tests were positive. Of the white girls, only 11 showed positive Kahn reactions, and 56 had positive tuberculin skin reactions. Those whose blood tests were positive have been given every encouragement to report regularly to the venereal clinic twice a week for treatment, arrangements being made so that they can make up the time lost from their work on projects. Those who had positive tuberculin skin tests have been x-rayed at the Atlanta Tuberculosis Clinic.

The Oklahoma NYA has set up 201 health clinics at which approximately 6,000 project workers have thus far received medical examinations. Of this number, 569 were given Wassermann tests, resulting in 43 positive reactions. Treatment is now being provided for 37 of these young people. Some 250 young men and women have had their tonsils removed, through NYA assistance, and 300 have been fitted for glasses. And dental examinations having been made of 3,071 young people, 1,259 had their teeth cleaned and more than 1,000 had fillings put in.

In New Orleans, Louisiana, arrangements have been made for a thorough medical examination of all NYA project employees. The white young people are being examined at the United States Marine Hospital by, and under the direction of, the head health officer and his staff. These examinations have not yet been completed. On the other hand, the examinations of the Negro young people by the staff of the Flint-Goodrich Hospital have just come to an end; and the major results have been tabulated. Among the 407 young people were found 42 cases with positive Wassermanns—14 one plus, 10 two plus, 6 three plus and 12 four plus. There were 244 positive tuberculin Von Pirquet tests. Follow-up work and treatment are now under way.

The Educational Camps for Unemployed Young Women, which were operated by the NYA until October of this year when they were finally liquidated due to a curtailment in funds, conducted a well organized program of health and hygiene. In every camp there was a registered nurse in residence, and the services of a physician were available. Girls and staff members were given a medical examination, the standards for which were established by the U. S. Public Health Service. In several camps additional tests, not required in the examination, were given. Although some girls could not be accepted for enrollment because of conditions revealed by the examination, it was possible in many instances to arrange for treatments or corrective measures for them as well as for many who could be accepted but were in need of medical attention. Camp physicians and nurses, private practitioners and surgeons, hospitals, public clinics, and public health departments all played a rôle in rendering needed services. In some cases local agencies cooperated by supplying such articles as eyeglasses. Arrangements were made for many tonsillectomies and appendectomies and even for a few operations of a more serious nature. Smallpox and typhoid vaccine were quite generally given to girls who had not previously been immunized to these diseases.

In addition to actual health care, planned courses in health education including personal and community hygiene, venereal diseases, care of the sick, and first aid were given. The well regulated life of the camp served as a demonstration of some of the instruction given and was conducive of the promotion of good health habits. In practically all camps marked improvement in general physical condition and gains in weight were reported. For the first time many girls

developed a consciousness of the importance of correct practices in personal and public health, and acquired knowledge and experience which should be effective in achieving desirable standards in this field.

Finally, the NYA is making a distinct contribution to social hygiene through its wide-spread recreational activities. On the positive side, these activities are enabling young people to build up strong and healthy bodies and spend their leisure time in constructive and creative work. On the negative side, NYA recreation acts as a deterrent to juvenile delinquency by keeping young people out of the streets and away from questionable associates and places of amusement. In June of this year, some 17,500 young men and women were acting as recreational leaders and assistants in the gymnasiums, swimming pools and game-rooms of such organizations as the YMCA and on town, city or school playgrounds. Through this aid, hundreds of agencies and public playgrounds extended their facilities to a much larger group of young people than would otherwise have been possible. At the same time, approximately 21,500 other young people were employed in the laying out or improvement of parks and playgrounds as well as in the construction or repair of swimming pools, recreational buildings and community centers. In several states NYA workers have been assisting with juvenile delinquency studies, under the direction of juvenile court judges or youth organizations, on the basis of which, in several instances, spot maps have been made that show the areas in a city where the juvenile delinquency rate is highest and the need for adequate recreational facilities the greatest.

The future of NYA social hygiene activities seems very bright, for the NYA program is steadily becoming more closely integrated with the work of other community agencies. While NYA young people are serving the community not only in the recreational field but as clerical workers and assistants in many such agencies as welfare offices and hospitals, the community is becoming conscious of the needs—including chiefly the health needs—of these young people. Too, the U. S. Public Health Service's campaign against social diseases is meeting with so great a response, not only from local communities but from the young people who are eager to do their part and to serve, that social hygiene work is bound to be carried out on an increasingly larger scale.

## VENEREAL DISEASES IN THE CIVILIAN CONSERVATION CORPS

ROBERT FECHNER

*Director, Civilian Conservation Corps*

The Civilian Conservation Corps has in its ranks constantly between 250,000 and 300,000 young men; their average age is about 20 years. Since the spring of 1933 nearly 2,000,000 individuals have been enrolled. Among these there have been 25,878 cases of venereal disease, 20,393 of which were gonorrhea, 3,801 syphilis, and 1,684 chancroid. The incidence of these diseases in this group of young men cannot be compared to that in any other except possibly to that of enlisted men in the United States Army, serving within the continental United States. The venereal disease rate in the Civilian Conservation Corps is always lower than that of the Army and generally is about half as great. Nevertheless the economic loss attributable to venereal disease is great. Each patient is treated in hospital until the infectious stage of his disease has passed, at which time he is discharged from the Corps, the Health Department of his State being informed of the facts in the case. The cost to the government for treatment of these cases has been about \$900,000 per year. The families of the enrollees discharged have been deprived of the relief benefits which would have accrued. The amount of time lost on work projects has averaged about 30 days for each case of venereal disease.

It can be seen, therefore, that the prevention of venereal disease is a problem of great interest and importance to those who are administering the organization. Also the wide dispersion of the camps throughout the country makes this matter one of considerable moment to many communities. I quote from a recent report forwarded to my office by the office of the Surgeon General of the United States Army:

“Three principal factors are concerned in the propagation of any communicable disease: the source of the infection, the means by which the disease is conveyed from person to person, and the general or specific resistance of the body to the disease. Control of the disease may be secured by measures affecting any one or all three of these factors. The source of venereal disease is entirely without

the Conservation Corps and the eradication thereof may not be considered as within the province of this organization. That problem is one which each community must solve for itself. However, the C.C.C. cooperates fully with health authorities in any efforts they may undertake. These diseases spread from person to person through direct bodily contact and very rarely otherwise than through sexual intercourse. Restrictions of sexual relations in young people is fraught with greater difficulty than that of any other of their activities. The human body does not have and does not acquire any resistance to the venereal diseases.

"Since the source of the infection is extremely difficult to control and immunity may not be conferred the only method for the prevention of venereal disease which can be effective is that which will exert an influence upon promiscuous sex relations. Therefore great reliance is placed upon education concerning sexual matters, upon recreation which will divert the mind from sexual affairs, upon procedures which may destroy an infection already implanted, and to a very slight extent upon punitive measures.

"Education concerning sexual hygiene is begun as soon as the enrollees reach the camps. The subject is approached from three points of view. Sex morality is discussed by Chaplains. The important bearing of these diseases upon manhood and those qualities which make for good citizenship is discussed from a lay rather than a clerical or medical point view, by company officers. These officers have attained pronounced qualities of leadership among their men and have been able to exert a most favorable influence upon them. Knowledge of the structure and functions of the genital organs; the disastrous sociological effects of sexual promiscuity; the nature of the venereal diseases, their effects upon the body, the importance of their prevention as related to physical and mental well-being and the means by which they may be prevented; is imparted by camp surgeons. Thus, it will be seen enrollees are fully acquainted with all phases of the subject. Further they are supplied with excellent means for entertainment during idle hours. General educational programs are carried on during evening hours. Recreation is obtainable through all kinds of athletic activity and through the numerous opportunities afforded by life in the open and in locations many of which are among the most beautiful in this country. They have the benefit of good hard physical work, the important deterring influence of which upon sexual activity is well recognized. They do not indulge excessively in alcohol, their natural and acquired inhibitions relative to sexual indulgence are as a consequence not so easily broken down. Their camps are for the most part removed from the larger communities and the opportunities for sexual relations are not so frequent. They have but little money to spend and are, therefore, not attractive to the professional prostitute.

"Chemical prophylaxis as a means of venereal disease prevention has been given a thorough trial by the armies and navies of the principal world powers. Its merits are well recognized. The method affords protection in a very high percentage of instances when

properly applied. As the time between exposure and treatment increases, the extent to which prevention of infection is secured, decreases. The best results are obtained when the treatment is administered within three-quarters of an hour after exposure. The method, although not complicated, consists of several different procedures, each of which must be carried out with close attention to detail and by thoroughly trained attendants in order that the best results may be obtained. Provision for venereal prophylaxis is made in the dispensary at every C.C.C. camp.

“The only measures of a punitive nature in the venereal disease program are the loss of pay which takes place while the enrollee is absent from work because of the direct effects of such disease and his discharge from the Corps upon conclusion of his treatment. These may or may not exert an effect upon sexual indulgence.”

Less than one and one-half per cent of the young men who have been enrolled in the C.C.C. during the past four years have acquired venereal disease. It is confidently believed that the training they have received will be a potent influence in the prevention of these diseases among them throughout their lives. The prevalence experienced is thought to have been much less than it would have been had they not been members of the organization. Much as it is to be regretted that venereal diseases could not have been eradicated, their very low incidence points to results which may be attained by a well diversified and ceaselessly applied program of control.

## 4-H CLUB WORK

GERTRUDE L. WARREN

*U. S. Department of Agriculture*

4-H club work is based not only upon the needs and interests of 4-H club members but also upon the needs of the agricultural community of which they are a part. All 4-H club members—during the past year, over 1,200,000—are led to feel that they have a useful part of the world's work to do and that in doing it, they may grow mentally, socially, and spiritually, as well as physically. They are led also to feel that they have a definite responsibility in improving their community and in making it finer in every way.

Problems are faced in the farm homes, in the fields, the barns, the orchards, the gardens, and in the various community meeting places. In fact, farm girls and boys through the 4-H club program are brought into intimate contact with all the interwoven problems of their own home and com-

munity life. Through the various worthwhile 4-H activities involved, an effort is made to bring to each member the fine things in rural life and to develop in the young people reached those attitudes and ideals which make for upstanding manhood and womanhood, and which, in turn, will make for a spiritual as well as a progressive rural leadership.

4-H club work emphasizes the home. In fact, 4-H club work is home work. The practical work of the club—the demonstration—usually is done on the home farm or in the home of the club member and there also most of the club meetings are held. This home work of the club member is of more importance than is commonly appreciated. It is there, at home, with a task in keeping with his ability that the club member has the best opportunity for growth and development. By trying new ways of doing practical things in his own home environment and checking results many improvements often are made in well-established home and farm practices. Such work of the 4-H club members in the home develops common experiences that make the work of the club group more worthwhile. Moreover, the club member who has the active interest and cooperation of parents naturally accomplishes more. This larger accomplishment and cooperative endeavor not only helps to develop more capable young people at home but also makes for family solidarity.

4-H club work has a very definite relationship to the rural community, particularly through the general agricultural extension program. Not only are its activities woven into the very fiber of the community, but its leadership represents the best manhood and womanhood of each community. Moreover, rural young people are increasingly planning their own programs in relation to the general community and county extension programs, and the general problems involved in these programs are being recognized by the young people in relation to their own programs.

The health "H" is emphasized in all 4-H club programs based on a study of local and individual needs. The attention of 4-H members is being focused upon the importance of regular medical examinations, the formation of good food and health habits, the development of a positive health attitude, and the relation of one's health to that of the community. In a large number of states, irrespective of the specific work undertaken, all members score their food and health habits at regular intervals throughout the year. Recognition is usually given to those who make the most improvement in their general physical condition. The importance of sound mental health is being increasingly emphasized in relation to a happily adjusted personality. In some states there are specific health clubs which, in addition to keeping food and health habit scores, are organized to demonstrate the necessary precautions for avoiding accidents and injuries, emergency care of such as do occur, and through the club group to develop an interest in rural home and community health problems. In other words, the objective of such clubs is for each member not



only to attain and maintain his or her own best possible condition of health but for each member to acquire a health conscience in relation to home, school and community welfare. The work requirements of some such clubs include: scoring at regular intervals food and health habits; learning the fundamentals of sanitation in relation to personal hygiene, water supply, disposal of wastes, fly control, ventilation, the home production of clean milk, and vermin control; making and installing in the home a window ventilator or wind deflector and taking breathing exercises out-of-doors; scoring the home water supply and having an analysis of the water made; scoring the home toilet; learning to make and demonstrate the use of bandages; learning and demonstrating how to care for common emergencies; providing or maintaining a properly equipped medicine chest to have on hand in the home; and removing farm and home hazards.

Reports also indicate not only an increasing number of 4-H health contests but an increasing number of 4-H club boys and girls who through these contests are having physical and dental examinations at regular intervals. During 1936, over 100,000 4-H club members reported having had physical examinations. In some states, the health committee of each 4-H club keeps a record of the recommendations made by the examining physician and checks the improvement made by each member.

As is true of all instruction in 4-H club work, attempt is made to have the health work as closely correlated as possible with all other phases of the 4-H club program. In the clothing club work, 4-H club girls learn and demonstrate the relation of clothing to health. Special emphasis is placed upon the importance of good posture and how to attain and maintain it; the wearing of healthful shoes and the proper construction or selection of those support garments that influence health. An increasing number of older club girls each year are making healthful garments for their younger brothers and sisters. In this work, consideration is being given to those psychological appeals that are fundamental in the development of a good physical condition as well as in the development of fine personality traits.

The social and recreational program which is a part of all 4-H club activities has a direct relationship to the health of rural boys and girls. When each 4-H club meets, the time is divided into three parts—the business meeting, the demonstration, and the social or recreational hour. During the social or recreational phase of the club meeting, 4-H club boys and girls learn to play together. Physical exercises in the form of games are emphasized. In addition, there is held each year an increasing number of club camps, field days, festivals and picnics, as a part of the 4-H recreational program. In 1936, nearly 3,000 4-H camps were held with a total attendance of 193,000 4-H members and leaders. These camps were conducted either at the State Agricultural colleges or on camp sites in various sections of the different states. In addition, there are, in a large number of states, many permanent 4-H club camp sites with well-equipped buildings. One of the outstanding developments along recreational

lines during the past few years has been the introduction of organized dramatics in the 4-H club program. The 4-H club plays not only provide wholesome entertainment but also demonstrate in a rather new way the various things learned in the 4-H club program. In all such activities, the importance of health plays a significant part.

In summarizing the results of 4-H club work, perhaps the most outstanding are those concerned with attitude building, which in turn leads to constructive effort. Surprising accomplishments have been observed by leaders after young people have developed those ideals that make for progressive rural leadership. Among such ideals the most noticeable have been those that have brought about effective service in the home, on the home farm, and in the home community, often leading to the visible improvement of the whole community. Some of the other results of 4-H club work include the development of an enriched outlook and more far-reaching vision on the part of farm youth; increasingly recognized ability of 4-H club young people to organize as well as to cooperate in home and community undertakings; development of a health consciousness and standard not only on the part of rural girls and boys but also on the part of many rural communities as a whole; economic independence for many rural girls and boys and their families; advantages of further education and travel made possible through 4-H club work; acquaintance with the sources of accurate information in agriculture and home economics; and worthwhile friendships with outstanding men and women of the community and State.

## SOCIAL HYGIENE EMPHASIS FOR AMERICAN EDUCATION WEEK

LYLE W. ASHBY

*Assistant Director, National Education Association, Washington, D. C.*

"The National Education Association is dedicated to the upbuilding of democratic civilization and supported by the local cooperation of the teachers of the United States to advance the interests of the teaching profession, promote the welfare of children, and foster the education of all the people." This statement is taken from a plaque in the foyer of the headquarters building of the National Education Association in Washington, D. C.

It bespeaks the interest of the Association in national welfare and of youth. Both these lines of interest are likewise uppermost in the annual observance of American Education Week sponsored by the National Education Association, November 7-13, 1937. The general theme for the observance

is *Education and Our National Life*. One of the daily topics is *Our American Youth Problem*.

The American Social Hygiene Association is likewise interested in both of these topics. In no way is interest better shown than in the present campaign to rid our country of syphilis—a menace both to national welfare and to American youth. The means are now at hand by which it can be eliminated. As in the case of many other areas, however, the science which is capable of wiping out this scourge is far ahead of public understanding and public sentiment. The solution as in other social problems lies in education through all available channels so as to reach all types of people.

While not specifically mentioning the campaign against syphilis, a section of the Platform of the National Education Association covers the general field of health. It reads:

Every child, regardless of race, belief, economic status, residence, or physical handicap, should have the opportunity for fullest development in mental, moral, and physical health, and in the attitudes, knowledge, and skills that are essential for individual happiness and effective citizenship in a democracy. As means to this end, the Association advocates:

- A. Enriched curriculums that prepare the child for his cultural, vocational, recreational, and civic responsibilities, and that take into account the interests, needs, and abilities of individuals.
- B. Socially desirable environment that will give a background of more fertile experience. The radio and motion pictures are of such momentous force in the life of the child that every effort should be exerted to continue the recent improvement of motion pictures and radio programs.
- C. Healthy minds and bodies that will strengthen the effectiveness of individuals as citizens.
  1. The school should fight the evils of malnutrition, physical ailments, and lack of physical comforts by securing adequate food, clothing, and medical care through coordinated efforts of local, state, and federal agencies for the children who are in need.
  2. The Child Labor Amendment should be ratified.
  3. Complete and scientific instruction regarding the effects of alcohol and narcotics upon the human body and upon society should be given in the school.
- D. The right to unfettered teaching, which will aid the child to adjust himself to his environment and to changing social conditions through the development of habits of sound thinking. The fundamental principles of American democracy demand that students be informed concerning controversial issues.
- E. Systematic programs of vocational and educational guidance, in charge of competent persons especially equipped for the work.
- F. Recreational programs that lead toward constructive ways of leisure time.

It may seem to many that the issue of venereal diseases is fully as important for specific inclusion in the platform as the mention of alcohol and narcotics or of child labor. Such a statement might do much to encourage school people to deal more effectively with this issue in the educational program.

With 600,000 newly infected persons receiving treatment for syphilis each year and with one person in every ten being subject to it, this disease is obviously a vital national problem.

American Education Week is an excellent time for discussions of such problems and the contributions which education can make to their solution.

## THE PUBLIC RECREATION MOVEMENT AND ITS SERVICE TO YOUTH

MARY BREEN

*Correspondence and Consultation Service, National Recreation Association*

It has long been recognized that the opportunity for personally and socially satisfying recreation is one of the best restraints against vice. Many delinquencies of childhood and youth are the result of a misuse of leisure time. While the causes of delinquencies are not simple and recreation is neither a perfect preventive nor a perfect cure, it does save from trouble those who violate the law or social code only because they have "time on their hands with nothing to do"—a too frequent and too often unhappy explanation of youthful transgressions.

But recreation is something more than a deterrent. Wholesome recreational outlets are essential to normal, healthy living. In providing expression for the deep-lying needs for companionship, and for physical and creative activity, recreation is one of the most constructive forces for good social behavior. A person who is physically well, emotionally balanced, and socially in harmony with his environment has no temptation to defy accepted standards of conduct. The community which provides the facilities and incentives for its members to spend their leisure hours wisely makes a fine investment in civic happiness and social morale.

Over fifteen years ago Dr. Henry S. Curtis, in an article which appeared in this same magazine, stated that the most successful method of preventing sex dissipation is abundant recreation and social life. In order for recreation to be effective, however, he advised that "on the physical side recreation must be vigorous, using surplus energy and producing sound sleep and quiet nerves. It must be interesting to keep the thoughts on other things. It must be for all, but especially adolescents. It must be largely at night when working boys and girls may profit by it. It must provide for both boys and girls and for the right social life of the sexes together. These conditions will probably be best met by a fuller development of the community center. The playgrounds should be adequate and lighted at night for the use of working boys and girls. In congested centers there should always be a gymnasium and swimming pool which should be available to the community at night as well as to the school in day. The auditorium should be used constantly for lectures, concerts, dramatics, and moving pictures."

It is encouraging to note from figures taken from the Year Book of the National Recreation Association that this advice has been heeded by communities throughout the country. In 1924, when the article appeared, 711 cities reported public recreation programs under leadership. In 1936, the number had increased to 1,122, not including the many communities where recreation programs were carried on with funds from Federal Emergency agencies. The indoor recreation centers had grown from 1,763 to 3,947, and the outdoor play areas from 8,115 to 17,443. While definite figures are not available, marked increase has been noted in the lighting of outdoor areas for night sports, making them available to the working young people and adults. Programs also have been made richer. Reports show increasingly greater attention being given to the social activities, to music, drama, dancing and to arts and crafts.

Most of these provisions are for the people with little or no money to spend, which is extremely important. The children who cannot afford to go to camp, or to take vacations, can run and climb, play games, dance, sing, and make things on the playground. The price of admission is nothing in coin. The desire to go to the playground is all that is necessary. Therefore none need be excluded. For young people and adults, the playgrounds open at night offer athletic games and sports, some of them swimming facilities, and some dramatics, social dancing, and music. Indoor centers provide a more varied program. Games for indoors, movies, and arts and crafts clubs, social dancing classes, organized drama and music groups, and hobby clubs are to be found on most community center programs. These activities for older boys and girls and adults are also free in most instances. Where there is a charge it is nominal, and is used to pay for the special services which some of these activities require. Social dances and dancing classes are becoming more and more popular. They fill a great need, especially in the neighborhoods where a young person's only choice is a community center dance or the commercial dance hall.

Neighborhood centers which reflect the real interests and needs of the people are vital forces for good in any community but they are especially important in congested areas. Where homes are two or three dark, cheerless rooms to house and shelter a family of six; where money is scarce, and the need for fun, and adventure, and companionship strong, the meeting place of boy friends and girl friends is too frequently the street corner; their courting place, the park bench. Well-conducted, the neighborhood center can be made an effective counter attraction. Here young people of both sexes can meet in a friendly atmosphere conducive to a normal relationship with each other. If the activities are interesting and challenging, the neighborhood center is in an enviable position as an agency for serving youth and for catering to its natural social needs.

The National Recreation Association has dedicated itself to helping localities more adequately provide such recreation opportunities for children and adults. District representatives and many special workers of the Association are constantly in the field advising municipalities and other leisure-time agencies on their programs and methods, or making special studies. While the Association is concerned with all ages, the special problems of youth and the need for co-recreation have not been neglected. The recent publication, *Partners in Play*, deals with this very subject. A number of party booklets give suggestions for activities and methods of conducting social programs for mixed groups. The monthly magazine, *Recreation*, and the bi-weekly bulletin service published for recreation workers includes many party suggestions. At the National Recreation Congress and the many district conferences of recreation executives the sessions on co-recreation have been among the most popular.

Recreation authorities realize that much more needs to be done before recreation programs can be as effective as their potentialities in serving youth. They know, too, that the economic situation which is responsible for deferred marriages being the rule rather than the exception these days makes the problems of youth more urgent than ever before. But the interest which recreation leaders have shown in the problem of co-recreation, and the efforts which are being made throughout the country to increase recreation opportunities and to make existing programs more fundamentally satisfying, are heartening signs. They should give encouragement to all who are concerned with maintaining the mental and physical well-being of individuals and of the community.

## SEX EDUCATION IN THE Y.M.C.A.

JOHN BROWN, JR., M.D.

*Secretary for Physical Education, National Council, Y.M.C.A.*

For more than half a century the Young Men's Christian Association has taken a leading part in promoting sane and scientific sex education. It was one of the first organizations to pioneer in this effort on a large scale. For many years the Y.M.C.A. has furnished a platform for the recognized leaders to present topics relating to sex education to all sorts of groups. These groups include not only Y.M.C.A. members but audiences in high schools and colleges, industrial plants, parent-teacher associations and luncheon clubs. The Y.M.C.A. has consistently carried on a constructive and progressive program of sex education among enlisted men in the Army and Navy.

It is a part of the regular educational program in local Y.M.C.A.'s to have presentations on sex education given by carefully selected physicians and social workers to Hi-Y clubs and young men's forums. The Y.M.C.A. has enlisted the services and cooperated actively with representatives of the American Social Hygiene Association in arranging for series of special lectures.

In recent years special courses in education on marriage and home-building have been organized for unmarried young men. Similar groups have also been organized on a co-ed basis including young men and young women. Groups consisting exclusively of young married couples have also been organized. Sex education programs have also been promoted through the young men's Y.M.C.A. clubs known as the Phalanx Clubs and the Y's Men's Clubs. The Y.M.C.A. has consistently been a medium for the dissemination of large amounts of the best literature on sex education and related topics. It has also been the means of giving information to thousands through the use of posters, illustrated lectures and motion pictures.

The Association Press which is the publication bureau of the Y.M.C.A. is one of the active agencies in the publication of sane and scientific sex education literature. Among these publications are the following:

- Growing into Manhood*—Roy E. Dickerson, \$1.00. For younger groups.  
*So Youth May Know*—Roy E. Dickerson, \$1.25 paper, \$2.00 cloth. Sex education for boys from 16-18.  
*Sex Life of Youth*—Elliott and Bone, 75c paper, \$1.50 cloth. For college young people.  
*Thinking about Marriage*—Roy Burkhart, \$1.00 paper, \$1.75 cloth. Good study course for young people's groups.  
*Essays on Marriage*—Frederick M. Harris, \$2.00.  
*Rational Sex Life for Men*—M. J. Exner, \$1.00.  
Four new pamphlets by Roy E. Dickerson, 10c each:
1. *Getting Ready to Fall in Love*
  2. *Things That Count in Courtship*
  3. *When a Couple are Engaged*
  4. *Getting Started in Marriage.*

The Y.M.C.A. has been the means of cultivating the first interest and stimulating the development of some of those who have become the outstanding leaders in the field of sex education as lecturers, authors and counsellors.

While giving full recognition to the specific contribution of the Y.M.C.A. to sex education *per se*, a more important contribution has been made by the Y.M.C.A. through its character-building program in the provision of wholesome environment and recreational activities under competent leadership. This leadership which includes the general secretaries, physical directors, and boys' work secretaries is supplemented by a vastly greater number of high-minded laymen whose intimate contacts with boys and young men have inspired them to clean living.

The body building and the hygienic physical activities and sports' programs with their attendant incentives to good sportsmanship and morality constitute a valuable indirect form of prevention and education. The increasing participation of mixed groups in appropriate recreational activities is one of the more recent constructive developments in promoting wholesome sex relations. Special mention should be made of the contribution which the Y.M.C.A. has made through its student department in bringing to the college campus, the most competent speakers to youth on these topics. The Y.M.C.A. is also aggressively addressing itself to cooperation in the nation-wide campaign against syphilis. Through our national headquarters we have disseminated samples of the most recent literature regarding this campaign. This in turn will be passed through our area and state committees to the local Y.M.C.A.'s for use with individual members and groups. A recent communication sent to Y.M.C.A. secretaries is illustrative of the way in which cooperation is being furnished.

#### SUGGESTIONS FOR SUPERVISORY SECRETARIES CONCERNING THE ASSOCIATION'S PLACE IN A VENEREAL DISEASE CONTROL PROGRAM

A direct attack on syphilis and gonorrhea is the order of the day. Under the leadership of Thomas Parran, Jr., the Surgeon General of the United States Public Health Service, the resources of the country are being organized to stamp out venereal disease for which science has developed adequate remedy.



The attack is being made on venereal disease as a health menace on the same basis as cancer, tuberculosis or smallpox, entirely apart from moral considerations.

Professional and lay organizations, societies and clubs share a responsibility in making the program effective through education. The Young Men's Christian Association because its membership is largely between the ages of 11 and 30 (in which over one-half of the primary syphilitic infections occur) and because of its years of promotion of sex education and health programs, is in a position to render unusually effective cooperation.

Secretaries advising local Associations should

- (1) Know the facts concerning syphilis and gonorrhea.
- (2) Be informed on the movement to eradicate these diseases.
- (3) Have a conviction regarding the opportunity and responsibility of the Association to do its part.
- (4) Be familiar with available materials and their sources.
- (5) Know the agencies within local communities which are taking a lead and best ways of cooperating with them.
- (6) Advise local Associations as to effective program and method.

Among the available resources are

*For counsel and suggestion*

The United States Public Health Service, Washington, D. C.

State and city departments of health

State and city medical societies

The American Medical Association, 535 Dearborn Street, Chicago, Ill.

American Social Hygiene Association, 50 West 50th Street, New York City.

*For motion picture films*

The American Social Hygiene Association also has a most effective talking slide film, *For All Our Sakes*.

State and city boards of health

Medical societies (usually highly technical)

Films may be rented or purchased; the state association might acquire pictures for local showings; state health departments could be encouraged to acquire programs for circulation.

*For Exhibits*

American Social Hygiene Association      State and city medical societies  
Insurance companies

State and city boards of health

May be borrowed, may be created by groups as a worth while group activity, may be purchased by state associations and loaned local associations.

*For printed matter*

(This deals with three types of information (1) procedure, (2) bibliography and sources, (3) factual statements regarding syphilis and gonorrhea. Some printed matter can be secured without cost. Much of it is a small expenditure.)

United States Public Health Service

American Medical Association

State and city departments of health

State and city medical societies

Insurance companies

American Social Hygiene Association

(This has by far the largest number and widest scope of printed materials)

Suggestions as to program for local Y.M.C.A.'s might include:

- (1) Secure the advice and cooperation of the medical and health authorities.

- (2) Investigate the local situation as to prevalence of disease, situation as to prostitution, treatment available including free clinics, etc.
- (3) Appoint a social hygiene committee or study group whose function should be to consider effective ways and means of aiding medical, public health and voluntary activities relating to the community's needs for making progress in this field.
- (4) Support the medical profession and health authorities in securing appropriate nation-wide and local radio talks and newspaper cooperation in promoting venereal disease education and control.
- (5) Hold social hygiene meetings at which syphilis and gonorrhea as a local, state and national health problem is the subject for discussion.
- (6) Participate in arranging for talks and educational exhibits before men's groups, service organizations, industrial groups, men's and women's clubs and other bodies.
- (7) Support legislation for necessary appropriations and other essential measures.

## SOCIAL HYGIENE PROGRAM OF THE NATIONAL BOARD OF THE Y.W.C.A.

JANET FOWLER NELSON  
*Family Relationships Committee*

The following letter has been sent out by the Laboratory Division of the National Board of the Y.W.C.A. to all local Associations. It was felt essential that the national organization itself accept responsibility for indicating its great concern for the success of various venereal disease campaigns, national and local. To that end, two national committees cooperated, Health Education and Family Relationships, thus extending the basis of concern from an isolated disease approach to one of well-rounded program building in the fields of health, recreation and education for marriage. Incidentally, the device of the tear-sheet report of action suggested, recommended or voted, has been most successful in eliciting both information as to the status of the subject in local communities, and in establishing contact with national program as a step in the development of specific local projects.

September 17, 1937

To: All Presidents, Chairmen of Committees of Management  
and General Secretaries

*Please see that this letter is presented to board, committee and  
staff groups*

*It will be of special interest to your board,  
your Health Education Department,  
and your Family Relationships Committee.*

You have undoubtedly been following with great interest the recent publicity accorded the problem of venereal disease. Dr. Thomas Parran, Surgeon General, United States Public Health Service, has unequivocally included it as a definite and infinitely important part of the U. S. Public Health program. Dr. William F. Snow, General Director of the American Social Hygiene Association, has announced that the resources of the Association, as the national voluntary agency for social hygiene, are being focussed on the enlistment of citizen support for the campaign.

Therefore, it is our privilege to lend articulate and practical support to those individuals and those agencies in our local communities who are, and who to an increasing extent will be, responsible for specific local efforts.

But as is always true, privilege entails responsibility—responsibility for literal not alone theoretical support; equally essential responsibility for those positive contributions which we are especially equipped to make.

Education and clarification of the problems of venereal disease are but part of a total sex education program. In turn, sex education is but part of health education. Health education is itself but part of what we might almost call “education for living.” It is at that point that the Y.W.C.A. must accept the challenge of promoting and supporting all evidence of clinic facilities, educational ventures, promotion activities of their local venereal disease campaign, plus the challenge of lending their facilities to the integration of these various activities with a positive, constructive “whole” approach.

It is a basic premise of the total program that fear and shame cease to inhibit individuals from seeking treatment and help from authoritative available medical resources. Information, accurate, detailed and medically proven as to cause, prevention and cure are essential ingredients in any program. But implicit in any such procedure is the possibility that another sort of “fear” control will eventuate. “Don’t do that or else you’ll get ———” is the sort of attitude we’re concerned about, and because it has a perfectly sound (though limited) factual basis, it is to be reckoned with. But there is a difference, is there not, between caution based on intelligent understanding of the facts, and emotionally paralyzing “fear”? Moreover, nothing is gained, indeed much is lost, when along with the negative “minus” of promiscuous and commercial sex behavior there is not concomitant, constructive emphasis on the positive “plus” of healthy and essential sex relationships. You see it isn’t that we too aren’t interested in “control,” but we are desperately and earnestly concerned that these controls be such that they *contribute* to a permanent and stable sex relationship and not inhibit that necessary adjustment. A too limited concern merely for control of premarital sex behavior sometimes does just this.

Perhaps an example culled from one of our industrial conferences will illustrate our point. As invariably occurs in any discussion of

pre-marital relationships, the question of pre-marital intercourse was raised. "Do you ever . . . Is there any justification, etc. . . ." And from the far corner of the room was heard this vehement protest, "Oh, no, never! Just think of the risk you run. It's bad enough after marriage, but why run the risk before?" That particular girl had recently heard at the factory in which she worked, what must have been a pretty dramatic lecture on venereal disease. As far as it went, it was apparently an accurate lecture. At least she knew the essential elements of cure, prevention, and treatment. But her reaction was obviously a completely negative one. And her whole attitude toward sex was thoroughly conditioned by fear and dread of disease. It is quite possible that this conditioning will obviate any pre-marital sex experimenting. It is equally possible, however, that if she does ever marry, that sex relationship will not afford the normal and highly desirable satisfaction which is a basic and fundamental element in any marriage.

It is essential therefore that the negative element of control be supplemented by the constructive plus values. No one specialist or agency or organization can probably do this. It is a matter for community cooperation. And we therefore earnestly urge all Y.W.C.A.'s to offer their cooperation, their facilities for recreation and education to supplement and support, their local venereal disease campaign.

Can you answer these questions?

1. Is there a venereal disease clinic in your town? Under what auspices? How many of your constituency would know where to go? Would understand its importance? Do you know the attitude of your local health officer on this subject? Have you considered talking to him about the Y.W.C.A.'s stake in this field?
2. What evidence is there of a supplementary educational campaign? Lectures? Pamphlets and materials? Posters? Newspaper publicity? Other? Is there a branch of the American Social Hygiene Association in your community?
3. What is the status of sex education in your town? Is it incorporated into the public school curriculum? Provided by public or private agencies? Which ones? Do your libraries provide adequate and accurate books on the subject? (Incidentally the moral support that a Y.W.C.A. board or Health Education or Family Relationships Committee can lend to such ventures as these is one of their most important obligations).
4. What about education for marriage programs? And the still broader field of family relationships?

And don't forget the essential value of mixed recreation, equally important with an educational program, in the establishment of healthy, boy-girl, man-woman relationships.

If there is any way in which either of us can be of service to you in your consideration of these problems, please don't hesitate to write

us. One final request. Will you please fill in and mail to either of us the blank at the end of this letter?

Yours very sincerely,

EDITH M. GATES, Health Education

JANET FOWLER NELSON, Family Relationships

Laboratory Division, National Board, Y.W.C.A.

600 Lexington Avenue, New York, N. Y.

*For pamphlet literature on the subject of venereal disease write:*

1. Division of Venereal Disease,  
U. S. Public Health Service,  
Treasury Department,  
Washington, D. C.

2. American Social Hygiene Association,  
50 West 50th Street,  
New York, N. Y.

Also a new and outstanding book on this subject is:

SHADOW ON THE LAND by Thomas Parran, Reynal & Hitchcock, Inc., 1937,  
\$2.50.

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Detach and return to Miss Edith M. Gates or Dr. Janet Fowler Nelson,  
600 Lexington Avenue, New York, N. Y.

This letter was presented to:

Board..... Date..... By.....

Committee..... Date..... By.....

Committee..... Date..... By.....

The following action was suggested ☐ recommended ☐ voted ☐

Signed by..... Position..... Association.....

City..... State.....

Date.....

## PARENTS ON THE SPOT

AIMEE ZILLMER

*Lecturer, Wisconsin State Board of Health; Chairman, Social Hygiene  
Committee, National Congress of Parents and Teachers*

My feeling continues to grow that good sex education is made a little difficult by a fact we hesitate to admit. I do not believe that the barrier to a clear-cut social hygiene program for parents and teachers is the timidity, the silent policy, or the reticence concerning sex discussions, or even the feeling that one touches too closely on people's private life. I believe an ambitious program has been difficult because we adults feel that youth is a little too wise or a little too young, a little too wild or a little too unreliable; in other words, we put youth "on the spot!" I feel the reverse is nearer the truth. I believe youth puts adults generally, parents and teachers particularly, "on the spot." "I can't

talk these things over with my mother; she doesn't think I know about these things." "My girl friend and I heard this; is it true? Whom can we ask?" "The dean of girls—boy, no. She'd suspect us of being 'bad'." They think us cowardly, uninformed, ashamed, or "green."

In Wisconsin, where we have a full-time social hygiene lecturer for boys, and one for girls, we feel that our most worthwhile audiences are youth. We too are "on the spot" every time we face a group of students. What do we know? What do we really believe? Will we be honest in our presentation? Will we trust them with known facts? Will we veer around or talk straight? Are we ready to discuss debatable customs and changing standards? When I face a group of fifty senior girls in high school,—for we usually break groups up into age or year groups, and fifty to seventy-five,—I feel definitely that I am on the spot. Not a detail escapes them from hair to shoes. We are as cold-bloodedly appraised as—well, as we should be. We are treated as elders, with respect; as guests to the school, with courtesy. But we stand or fall by our words—delivered with facts, reasons, sincerity and trust.

Surely parents have joined P.T.A.'s, read some books, joined some study clubs, but social hygiene has not been the crowded subject it should be, and only slowly have the results trickled down through the teacher and the parent, to the child. There is much evidence to indicate that Wisconsin has as active a state social hygiene program as any state in the Union, and a more eager P.T.A. group could not be found. We make speaking dates to P.T.A.'s two years ahead! In spite of that, Mr. Dwight Warner, social hygiene lecturer for boys in Wisconsin, has recently brought forth some enlightening findings regarding the source of boys' sex information. After group talks to boys as explained above, Mr. Warner obtains through a method which he has kept simple and direct, an answer from each boy as to the source of his sex information. The unsigned findings are gathered, summarized, and kept by Mr. Warner. In this way, he feels he has gotten as honest answers as one is ever likely to get. And his findings show among the Juniors and Seniors:

<i>Number of boys</i>	<i>Source of Information.</i>
1459.....	Other boys
1280.....	Science Books
1054.....	Medical Books
937.....	Reader's Digest (Parran and Stokes articles)
870.....	Father
740.....	Mother
613.....	Encyclopedias
421.....	Church

It should be added here that the information "from other boys" was mostly incorrect; that in the group that referred to "science books," many of them saying specifically biology, the evidence of good work by the teacher was overwhelming.

I realize that the cold figures above are not complimentary to parents, though I dare say much more so than a generation ago. Then, too, there are subtler ways of sex guidance that are not apparent to youth. The picture above is not a complete picture, but it does reveal that parents are lagging. As Lincoln said, "If you call a dog's tail a leg, the dog still has only four legs. Calling the tail a leg doesn't make it a leg." So, saying that the home is the place social hygiene should be taught does not make it a *fait accompli*.

The P.T.A. movement points out the joint responsibility, the joint job, and in Wisconsin it is amazingly successful. But more could be done here as elsewhere. For the sake of simplicity, let me take the case of the teacher first. Through the conference period that follows our talks, when students come in groups or singly and through choice, we can see that the domestic science, biology, social science, physical education departments have contributed definitely to the student's knowledge, point of view, attitudes on sex. If the teacher is well poised, and sees, beyond the lipstick and first shave, the future parents, she does a splendid job. But I know that even that well-poised teacher risks her reappointment when the P.T.A. stands docilely by at the objection of one parent who feels the teacher "goes too far." When the teacher fears sex, a grand opportunity is missed and leaves the student with a spotty, incomplete, unusable mass of knowledge. The superintendents of schools, I believe, have never wanted a course in sex education, but rightly have preferred it be woven into the curriculum. But even they have said in the Tenth Year Book of Superintendents that sex rarely comes up as an issue in school other than as a problem. All parents and teachers should heed what Dr. Thom says in *Guiding the Adolescent*, "that sex is a phase, not a problem, of life." The conclusion of this paragraph may seem remote, but the P.T.A. can do a better social hygiene job in school, only if they elect or pick school board members who will hire and reinforce a teaching force that can weave social hygiene into the program as they do honesty and character. It must be woven in definitely, not haphazardly.

In Wisconsin, the social hygiene lectures given to students by the two workers from the State Board of Health have cleared the way for next steps by the faculty, because they demonstrated to parents and teachers, that students wanted and could take information gauged to their age without blush or guffaw.

And now the parents! I'm sure parents all over—good parents, I mean—are the same wherever found. In Wisconsin the P.T.A.'s are avid for social hygiene guidance for their youth. In Wisconsin we believe the "hang over"—"my mother never told me anything and I turned out all right" is almost worn off. The literature we give out at request—we do not scatter it—the study outlines, the simple study courses, the simple little social hygiene plays (to be read, not memorized by mothers), the amazing number of reprints

wanted, the deluge of requests for the four serial radio plays (mentioned in the June JOURNAL OF SOCIAL HYGIENE) should cheer us no end. So should the large number of books loaned out by the State Traveling Library and the State Board of Health, both of which departments send out books suited to ages specified in requests. I start with one copy of De Schweinitz or Strain's *New Patterns in Sex Teaching* or Popenoe or Exner or Groves books for the older adolescent, and find myself finishing up with half a dozen of each being loaned out, and the waiting list growing long and impatient. My disappointment is not in the parents, but rather in myself and other P.T.A. leaders that we do not always get simpler, more workable ways to help the parents. We harp too much on "catching the vision of things," when a down-to-earth program would be much more to the point.

In one comparatively new field, training for marriage, the P.T.A.'s have done little or nothing. I mention this not as their neglect, but as a possible next step for an organization, I believe, amply suited to bridge the foot-loose period between school diploma and marriage bonds. Courses on marriage are given in some colleges, in some Y.M. and Y.W.C.A.'s, etc. But the school is everyone's institution, and a post-graduate course for high school, evening extension courses, or small study groups might be tried under the auspices of the P.T.A. The nine times I have given a four-talk course entitled *Courtship and Marriage*, I was amazed at the continued attendance, the type of attendant, the frank searching questions, the real situations, and the desire for good, not sensational, books. Books by Exner, Popenoe, Butterfield, Groves were read with a thoughtfulness that would put adults to shame.

And in another field, not new but still only dabbled in, parents and teachers must become courageously informed, and being informed, they must act if they are to keep faith with youth. I mean, recreation—public recreation. Though the program of work formulated by the National Chairman on Recreation for the P.T.A. is a masterpiece, it has not really yet been tried. Late hours, drink, et cetera, et cetera, are raved and rued over but not ruled over.

The pleasant part of the social hygiene program for P.T.A.'s is that the parents are really past masters of the situation. Floyd Dell may call it *Love in the Machine Age*, but love it still is—the same love that made mothers count daisy petals or look for the first evening star with the softly whispered "Star bright, star light—first star I see tonight." Nature still makes youth of the same stuff, with urges and desires that should be guided, controlled, and directed toward their fulfilment in marriage. For two persons who spend all their time with boys and girls, Mr. Warner and I are most optimistic about youth and fairly optimistic about parents. We may not be moving rapidly to the aid of youth and sex, but we are at least moving with, not against them.



The general theme of the 1937-38 Parent-Teacher Radio Forum *Youth in a Modern Community* is one indication of the trend of the times among P.T.A. groups. In this series, which is broadcast over the blue network of the National Broadcasting Company each Wednesday afternoon at 4.30 to 5 o'clock, beginning October 13, and continuing through April 13, 1938, nationally known leaders present their views and suggestions concerning P.T.A. activities and efforts to aid young people in becoming useful members of society.

Such topics are discussed as: *Getting Ready for School; Is the Rural Problem Different? What About Health? The Contribution of the Home, and What Is Character?*

Another definitely encouraging symptom of parent-teacher determination to deal practically with current youth problems was seen last Spring at the session on this subject during the 41st Annual Convention of the National Congress at Richmond, Virginia. Among the speakers were Surgeon General Thomas Parran,—who cited as Objective No. 1 for better child health "See that your child is well born—that you have good prenatal obstetrical care, that your child is free from the germs of syphilis,"—and Dr. William F. Snow, who followed Dr. Parran's inspiring address with a practical discussion of ways and means of promoting youth health through freedom from the dangerous venereal diseases, and youth happiness through knowledge of the best use of sex in life.

Dr. Homer P. Rainey, Director of the American Youth Commission, who spoke in the same session, has recently said: "Youth must be assisted to meet the new standards and complexities of life. Instruction on sex, the family and home making can no longer be left to chance, but must be considered as important as a knowledge of civics, history, mathematics or any other subject. . . . They—youth—are now groping for truths which will not fail them in times of adversity. . . ."

If we can learn to supply these truths, perhaps in time we shall no longer be "parents on the spot" to quite such an embarrassing extent as is now the case.

## YOUTH IN TRAINING FOR MARRIAGE THROUGH THE CHURCHES

LELAND FOSTER WOOD

*Secretary, Committee on Marriage and the Home  
Federal Council of Churches of Christ in America*

The church has always been concerned with the life of its families. Because of its emphasis on the integrity of family life it had a great influence in getting monogamy written into the laws of the Western world. Furthermore, it has always preached its ideal of loyalty in family relationships. However, the churches have recently become aware of very distinct needs far beyond what they have done in the past. Increasingly they are seeking to cope with their modern responsibility for training their young people for successful marriage and family life. In addition, then, to the long time program of the church in standing for the inner integrity and security of the home, in promoting this through preaching, pastoral service and the example of wholesome family life among its members, churches are now in various ways setting up definite programs of training young people for a better understanding of their present relationships in the family, and in the direction of a better understanding of the adjustments of marriage.

Significant as to the attitude of the churches is the fact that the great interdenominational bodies are giving distinct attention to programs of education for marriage. For example, the Committee on Marriage and the Home of the Federal Council of Churches has been promoting conferences, and has worked hand in hand with denominational boards of religious education, and with other national bodies in promoting programs through the churches. It has also issued certain materials to implement its program. Early in its work it prepared an educational document entitled *Ideals of Love and Marriage*. Later, a statement on the problems of intermarriage. More recently it has issued a general program bulletin entitled *Building the Christian Family: A Program for the Churches*, in which it not only advocates a program of education for marriage and family life in every church, but offers definite suggestions as to the organization of this program.

Because ministers have a unique opportunity in connection with the marriages which they perform, the Committee on Marriage and the

Home has promoted pre-marital counseling and is attempting to make this a standard procedure for ministers with the couples whom they unite. To assist in this it has provided lectures on the subject in a large number of theological seminaries, and in ministers' conferences in various parts of the country. Furthermore, it has issued a bulletin of guidance in this matter entitled, *Safeguarding Marriages*. The objective is, of course, the aiding of young couples in setting up successful homes. While this pre-marital counseling may seem but a slight part of the education of two people for homemaking, and indeed it can in no sense take the place of previous training, nevertheless it has been found most helpful to have pastors enter with young people at this critical moment of their lives into the principles upon which the new home may be founded securely, and for the pastor to establish the relationship of a friend, counsellor and guide.

While there has been no definite study as to the number of groups established in local churches, the experience of leaders checked by the sale of course material and background literature for use in study groups, discussion classes, forums, and lecture courses, would indicate that probably there are thousands of churches which are doing something in this field. Nevertheless, only a beginning has been made in grappling with a problem which is distinctly a part of the church's responsibility. As religion has to do with the meaning of life, and with the most profound personal and social values, it is incumbent upon its leaders to be interpreters of the personal adjustments involved in marriage, and of the sacred interests of home life.

Equally significant, though carried on in a different way, is the program of the International Council of Religious Education in reference to marriage and family life. The Youth Movement, sponsored by the International Council, along with the denominations and the Federal Council, called *Christian Youth Building a New World*, has, as one of its phases, the slogan, *Christian Youth Building a New Home*. The International Council's Curriculum Guide, Book IV, Part II, indicates the work done by the Joint Committee on Family and Parent Education of this organization in laying out a series of courses to be developed for use in the process of religious education. It is significant of the trend that it has proposed twenty definite courses for use in church schools and young people's groups, dealing with family life. Among these are:

*The Christian ideal of family life*

*Sex education in the family*

*The family in a changing society*

*The home guidance of adolescents*

*Preparing for marriage, family life and parenthood*

Other courses also in this series deal very definitely with young people's problems in this area.

Similarly, the National Council of Federated Church Women, the Young Men's and Young Women's Christian Associations, and the denominational boards of religious education have done valuable and extensive pioneering in this field. The National Council of Federated

Church Women has held conferences with parents and with many youth groups having to do with interpretation of family life and looking forward to marriage. In many cities Young Men's and Young Women's Christian Associations which are arms of the church working with youth, have offered lecture and discussion courses of which large groups of young people have availed themselves. The denominational boards such as the Presbyterian, Methodist, Congregational, Baptist, Disciples, Evangelical and Reformed, Lutheran, and many others have instituted programs of education in this field, some of them being carried to a considerable degree of development.

One of the most interesting things in the whole field of the relation of the church to marriage is the fact that the Protestant Episcopal Church in the United States has adopted Canon 41, laying upon all its clergymen the duty of giving pre-marital instruction to all those whom they unite. As a help to the clergyman in carrying out this provision there has been issued *An Introduction to the Study of Canon 41*.

Noteworthy in the programs of the denominations are the summer assemblies of young people, held throughout the length and breadth of the country. Increasingly in these assemblies courses on young people's problems, courtship, love and marriage are included, and these courses are followed by large numbers of young people. Similarly the local and national organizations of Christian Endeavor, and the denominational young people's societies are promoting summer and week-end conferences in which family life takes its place in the curriculum and the program.

A very interesting feature is that young people in these groups are expressing frankly their sense of the desirability of more counseling between youth and those parents and leaders who can be helpful to them in their problems of courtship and the choosing of life mates. Also in these courses there is an emphasis on the fact that cultivation of the arts of adjustment to others is one of the finest sorts of preparation for success in the homes of tomorrow.

Significant as to what the churches are trying to do in this field are the titles themselves of widely used pieces of literature, such as:

*The Church's Opportunity in Family and Parent Education*  
*A Church Program for Promoting Christian Family Life*  
*Youth and the Homes of Tomorrow*  
*The Friendships of Youth*  
*Thinking About Marriage*  
*Foundations of Happiness in Marriage.*

Central in the thinking of the churches with reference to marriage, is the consideration that whatever the need of preparation for living together may be, so far as concerns biological, psychological, spiritual or financial adjustment, marriage is a unity of the total personalities of those who enter it. It is not merely an emotional venture, but an effort to create out of two lives a new unity which shall enrich both and which shall provide a proper setting for the training of children.

# "Yes! I will take a Wassermann Test"



*"I will be glad to help in any way to end this terrible disease."*

There is what America means to do for the world—its health, its peace, its prosperity, its future. The Wassermann test and the Wassermann test is a free, scientific, and reliable method of testing for the presence of the Wassermann test.

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Read Paul de Kruif's article, "Can We Now Fight Syphilis?" in the

## Ladies' Home JOURNAL

November 10

### A PIONEER FAMILY MAGAZINE CONTINUES ITS SOCIAL HYGIENE TRADITION

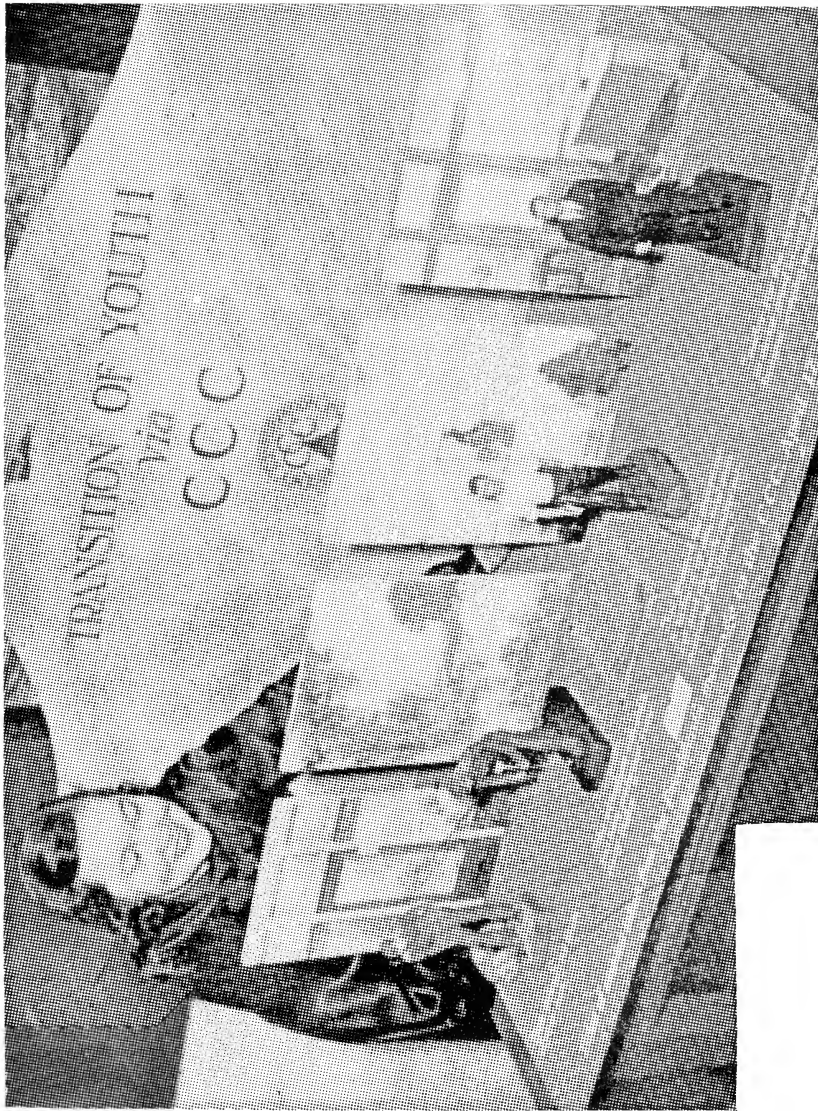
When the *Ladies Home Journal* published in leading newspapers from coast to coast this full-page advertisement and a previous one entitled *It Needn't Happen Here*, to draw attention to articles on prevention of syphilis by Surgeon General Parran and Paul De Kruif, public reception differed from that met by Edward Bok thirty-two years ago in similar efforts to bring the subject to public notice. The advertisements recalled that the *Journal* "began the first crusade against venereal disease ever to appear in a magazine of general circulation. In a few months, it brought more than 75,000 cancellations of subscription. Yet Mr. Bok persisted. . . ." The *Journal* reports unanimous subscriber approval of its present efforts. The two advertisements appeared in sixteen newspapers as follows: *New York Herald-Tribune*, *New York World-Telegram*, *Buffalo News*, *Boston Herald*, *Boston Traveler*, *Philadelphia Ledger*, *Pittsburgh Press*, *Chicago Tribune*, *Detroit News*, *Cincinnati Times-Star*, *Cleveland Plain Dealer*, *Indianapolis News*, *St. Louis Post Dispatch*, *Minneapolis Tribune* (morning and evening), and the *San Francisco Call Bulletin*.



#### CHICAGO YOUNG PEOPLE MARCH AGAINST SYPHILIS

Boy and girl volunteers from the National Youth Administration paraded with banners through Chicago's loop last August 13th during the educational demonstration which preceded distribution of a million ballots asking "Would you like to be given, by your own physician, a blood test for syphilis?" The Chicago Board of Health, conducting the campaign in cooperation with the United States Public Health Service, the Illinois State Department of Health and the Illinois Social Hygiene League, reports that up to October first, about 300,000 persons have requested the tests. The photograph is from the *Chicago Tribune*.





#### HOW THE CCC HELPS YOUNG MEN TO MAKE GOOD

This exhibit, prepared for the New Orleans Convention of the National Education Association and the Corps Area CCC Educational Conference, shows the four stages through which many CCC men have passed,—from (1) the street-corner, (2) work in the CCC, (3) camp education, (4) in civilian position. Beneath each figure is a quotation from President Roosevelt's third anniversary greeting to the CCC: (1) "Idle Through No Fault of Your Own", (2) "The Wittingness with which You Have Performed Your Daily Tasks", (3) "You Grasped the Opportunity to Learn by Practical Training and through Camp Education Facilities", (4) "Eager for the Opportunity to Make Good in Any Kind of Honest Employment." The photograph is by courtesy of *Happy Days*, the CCC weekly newspaper.



HOW THE WASSERMANN TESTS WILL BE TAKEN  
(newspaper legend)

STUDENTS  
EXAMINE  
MEDICAL  
EXHIBIT

(newspaper  
legend)



THE CAMPUS CAMPAIGNS TO STAMP OUT A YOUTH ENEMY

Students at George Washington University, Washington, D. C., with the approval of the faculty, recently launched a drive against syphilis through an educational exhibit and the offer of free blood tests for students. Student leaders are working to make this plan national among university and college groups. The Intercollegiate Newspaper Association recently passed resolutions calling for Wassermann tests as a part of all physical examinations for students. The photographs are from the *Washington Herald*.



## MAKING THE COMMUNITY CONSCIOUS OF ITS GIRLS

MARIE A. GEZON

*Chairman, National Girls Work Council*

Although the National Girls Work Council has as yet no organized social hygiene program, most of its member agencies are definitely engaged in some form of work, the objective of which is either in the field of prevention or cure of social maladjustments.

Reports of the activities of several agencies show the inception of individual efforts in sex education and recreation. There seems to be an increasing tendency to work with the girl between ten and fourteen years of age rather than with the girl in the later adolescent period, since, as the leaders say, if they begin with the younger girl they may be able to prevent the development of delinquent behavior.

It is encouraging to observe that several agencies are departing somewhat from the outworn methods of dealing with the unmarried mother situation. Instead of sitting in specially equipped homes, where nurses, dietitians, beds and cribs await their victims, we note throughout the country an awakening interest in club activities where boys and girls may meet in wholesome, normal fashion at dances, athletic exhibitions and dramatic performances.

From a psychological clinic engaged in the study of behavior problems comes the statement that High School girls referred because they had written "indecent notes" to their classmates, are eager for correct sex knowledge. The small book entitled *Being Born* by Frances Strain has proved a valuable aid in giving them the instruction they craved. It presents essential and accurate information in simple, direct language that can be grasped by even the mentally dull.

Another agency reports that a number of girls under treatment for venereal disease are attempting to help other members of their sex by telling them of the dangers of being "caught with syph" and also informing them of the special clinics where they may be "cured."

This attitude reflects great credit upon the doctors, nurses and social workers who were functioning in that clinic. It is rare for workers to take time to inculcate in their patients such a social-minded attitude.

A letter recently sent to the State Chairmen of the Council summarizes the objectives of the organization as follows:

*Ten reasons why we should endeavor to made the community "girl conscious."*

1. Because a large percentage of our girls will become the biggest stockholders and have the controlling interest in that big business called "the home partnership", which will require the best knowledge, ideals, and conduct she can command. When the girl fails in keeping up her end of that partnership, we have in our midst an unhappy, unsuccessful undertaking called, "the broken home," requiring the attention of social workers, police, and the courts. On the other hand, when the girl is trained and properly prepared for this home partnership, we have in the community, a thriving institution which radiates joy, love, inspiration, and denotes social progress.

2. Girls are important because Providence has bestowed upon womankind the privilege, the responsibility, and the joy of bearing and nurturing the young. A privilege so great, a responsibility so grave, and a joy so complete, that motherhood as a theme has been the inspiration of musicians and poets of every generation. If we as social workers, would only let our imaginations have full play, and could get a true conception of girls' importance as potential mothers, our zeal would be sufficient to arouse more community interest in girls' work.

3. We should make the community conscious of our girls because preparation for motherhood challenges the best efforts of the press, the pulpit, of schools, and of the home, if we are to make progress in raising healthy, happy children, instead of having multitudes of unwanted, abandoned, and neglected children running our streets, eking out a miserable existence, going through life warped and distorted, physically and emotionally.

4. A girl's part in the matter of courtship makes her important to the community, since happy marriage depends upon intelligent "falling in love". Girls need to be taught the value of getting standards for mate choice, *e.g.* importance of choosing a healthy mate and one with congenial interests, ideals and standards, a mate with no serious religious differences, one with a sound family heritage, a worthy father to her children. The girl's attitude during courtship will determine to a great extent, whether this relationship will be on a low physical plane,—thrills for thrills' sake,—or whether the future happiness in a home partnership will be considered.

5. Girls are tremendously important as the companions and friends of boys and men, and their early training decides their fitness for

that friendship. "They must be trained to prevent or control the hurricanes of emotion which may tear both loose from the 'safe mooring' which convention has set." They need training to avoid excessively stimulating experiences, and influences that dull the finer feelings, such as salacious literature, sexy plays and pictures, risqué jokes, and vulgar dancing.

6. Girls' importance as financiers has not been properly reckoned with. She sets the pace for extravagance or frugality. She influences supply and demand in store and factory. "She influences the spending of over eighty per cent of the family income for food, clothing, dental and doctor bills, books, household equipment, rent, repairs, recreation and education," as Dorothy Thompson points out. Can we afford to neglect our girls' training in the matter of family budgeting and general spending, when she holds such an important place as the family financier? Much of the marital discord is due to women's mismanagement of household finances. Men should demand that women receive better training in handling money, since her ability to manage well will contribute so much to their home happiness.

7. The community must be conscious of her girls to provide for the development of her skills for the home. As Newell W. Edson says, "She needs hand skills which would save dependence on outside help and would mean a home well-kept and food well-prepared. She needs head skills for the financial and educational and social problems of the home. This fine art of living together needs to be learned, and so heart skills are essential to the sympathy and love for which the home is pre-eminent."

8. We need to be conscious of our under-privileged girls, or the girl of limited abilities and capacities, for she is potentially our greatest liability or public menace, if neglected. Her skills need to be developed in order that she may maintain her self-respect and have a feeling of self-confidence and security, a feeling of being accepted in some group, a feeling that she can support herself without resorting to illegal or anti-social acts. She needs to be trained for leisure time and activities that will appeal to her should be provided.

9. No society is strong and happy, unless its girlhood and womanhood is respected and properly provided for. The community that permits commercialized prostitution to flourish and allows greedy and perverted men and women to profit from the foolish acts of simple, weak, or misguided girls and women, will sooner or later have reason to blush for its disregard of the ideals and traditions of our country. Therefore we need community consciousness that there may be a liberation and education of the so-called "fallen girls", instead of persecution and neglect.

10. We want community recognition of girls because the adolescent girl is confronted with the task of accepting herself "as a woman." Dr. A. Herbert Grey writes: "Why do so many girls say, 'I wish I were a boy'? No doubt because they have seen so much preference shown for boys in the home, and have seen them in various spheres,

accorded a favorable position. If the sisterhood among women were as strong as the brotherhood among men, there would be more rooting among us for those of our sex, and girls would get more of the 'breaks'." An inferiority complex has thus been formed in many a girl's mind, and thus a real wrong done to the girl as well as to those with whom she associates. Hence, because it will help girls to take stock of themselves as being of vital importance in the scheme of life, we want the community to give them due recognition.

A community that makes an honest effort to prepare all of its girls for decent, self-respecting occupations, for happy social life, and which trains its girls properly for marriage, home making and parenthood, the community which has the vision to provide for the enrichment of the lives of all of its girlhood and womanhood, spiritually, mentally, emotionally and physically, will surely be rewarded with prosperity and happiness, for its citizens of this and of the following generation.

## SEX EDUCATION PROGRAM IN THE TOWNSHIP HIGH SCHOOL, ROBINSON, ILLINOIS

P. K. HOUDEK

*Instructor in Biology and Assistant Principal \**

The general plan of presenting sex education as a part of a biology course is in no way new. The simplicity of the plan described here and its safety from criticism by even the most conservative citizens, may stimulate teachers in other small and medium sized communities to start similar programs.

Robinson, Illinois, is a community of 4,500. The township High School has a student body of 450. The biology course is elective for sophomores.

A number of years ago the author was convinced that a well-rounded biology course could be the basis for a program of social hygiene. Recognition of the dangers of a poorly-organized attempt and the possibilities of jeopardizing his position, made caution only second to the determination to make a start.

The first step was self-education. For several months the author studied all available books and pamphlets on sex education and the general field of social hygiene. After a plan had been outlined, conferences were held with the Principal and Dean of Girls. The approval

\* During the summer of 1937 the author was employed as Consultant on Social Hygiene Education by the Illinois State Department of Public Health.

and cooperation of the school administration was considered essential. Following the period of preparation, planning and approval the plan was set in operation without *any* publicity. The biology course was revised to include reproduction in its place with the other fundamental life processes. Care was taken to give no more emphasis to reproduction than to digestion, respiration, or any of the other life processes.

Because first impressions have so much influence on later attitudes toward sex, careful attention was given to the introduction of each new term or concept. For example, sexual and asexual were discussed as the two types of reproduction with examples from a wide range of plants and animals. Male and female were first used in connection with a study of algae. Sperm, egg and fertilization were introduced in the reproduction of mosses. The first embryo discussed was a seed. Testes and oviducts were first seen in the frog. A series of chick embryos was used. Discussions including student questions included the following topics: embryo food supply, twins, birth marks and abnormalities. For the study of heredity, examples were used from plants, animals and humans. A brief study of eugenics was introduced by having each student make a family chart on which they noted some characteristics in their families. Charts of famous and infamous families were shown and discussed.

When the subject of reproduction had been completed, a letter was sent to the parents of biology students. The letters were sent out from the high school office and signed by the Dean of Girls, and Principal as well as the author. The following points were included in the letters: value of scientific information about sex and human reproduction, this knowledge should be given in the home with the guidance and knowledge of the parents, a foundation has been laid in the biology course and perhaps this is the time for that further instruction, this is a very difficult subject for parents who have not had the opportunity for special training, the school has a supply of pamphlets for parents, boys, and girls and these pamphlets will be sent free to parents who request them on the enclosed postcard form, the pamphlets will not be distributed at school; suggestions and conferences with parents were invited.

Pamphlets used to fill requests have been changed as new ones have become available. Advice from the staff of the American Social Hygiene Association has been helpful in selecting pamphlets. The ones now in use are:

For Parents—*The Parents Part* and *When and How to Tell the Children* both from the Illinois State Department of Public Health.

For Boys—*The Wonderful Story of Life* and *Keeping Fit* both from the Illinois State Department of Public Health.  
*In Training* from The American Medical Association.

For Girls—*The Wonderful Story of Life, Healthy Happy Womanhood* both from the Illinois State Department of Public Health.  
*How Life Goes On and On* from the American Medical Association.

The State Department pamphlets were secured without charge; the American Medical Association pamphlets were purchased by the school. A form letter was enclosed with the pamphlet sets suggesting that the parents keep them as long as they cared to but when they were through with them to return them to the school. Approximately one fourth have been returned. The cost of the project which is not great, is charged to the biology department as an item in supplies. The percentage of the parents addressed who requested the pamphlets is indicated in the following table:

1932.....	55%	1935.....	45%
1933.....	33%	1936.....	40%
1934.....	18%	1937.....	44%

Over sixty per cent of the requests were for pamphlets for both boys and girls. This results in a much higher percentage of students being reached by pamphlets than would be indicated by the percentages in the above table.

It will be noted that in 1934 only 18% of the parents requested pamphlets. Due to an economy program in that year, a filing card was sent instead of the usual self-addressed postcard. Apparently it is important to make these helps easily available.

The reactions have been entirely favorable. Expressions of appreciation have been oral, written, public, and personal. One mother expressed her appreciation and in explaining why she had not returned the pamphlets said that since she had received them they had been used in the homes of ten different friends and neighbors. Community interest in social hygiene has expressed itself in the formation of an active Social Hygiene Committee of which the author was elected chairman. This committee has sponsored a number of public meetings and other social hygiene activities.

The advantages of the procedure used are: it secures the interest and cooperation of the parents, there is no interference with the school program, it is safe from criticism because the pamphlets are offered to the parents, it is not expensive. The only objection to the plan is that if biology is not a required course, only a part of the students are benefited.

## EDITORIALS

### FOR TWENTY MILLION YOUNG PEOPLE

Of the hundred and thirty million people who call the United States home, nearly a sixth part are young men and women between the ages of 16 and 24—in round numbers, twenty million.

For most of these young folks life has not been easy. From a childhood in a world still swaying dizzily from the shock of the Great War, they passed into a youth shadowed by a national emergency quite as devastating, and in which, as in war, their generation has suffered the heaviest casualties. The recognition and security and affection which is asked and owed for every boy and girl, in spite of the best efforts of home and community and nation, in many cases has been lacking. Two of youth's chief rights—jobs and marriage—have been denied to a large number of the twenty million. In 1935 nearly half of the country's unemployed were in this age group. At the close of 1936 sociologists estimated that the nation numbered over a million and a half single men and women who would have been married under normal conditions. Opportunities for education, vocational training, recreation, health protection, comfortable and wholesome environment, of necessity have all been limited to a greater extent than is good.

Young people have been criticized by some in this crisis, and without doubt there have been and are those who are perplexed and discouraged and resentful. But the majority, we believe, face their problems with clear thinking, high courage, and a steadfast determination to find a way out. In the campaign against syphilis, for example, as witnessed by Dr. Gallup's and Mr. Sirkin's articles on pages 393 and 398, youth, learning that its own members are chief victims of the disease, starts action without delay to better the situation if possible.

It is this fine spirit of American youth which assures their winning out, in spite of lack of jobs, in spite of health prob-

lems and the multitude of other perplexities and difficulties which beset us all. And in their search for a satisfying way of life, young people may be sure that they have the sympathy and faith of their elders, with a real recognition of the importance of their generation as the solid citizens of tomorrow, and a wish to help them in every way possible to make that citizenship valuable both to themselves and the community. As evidence, we submit the thoughtful planning and work on behalf of young men and women by the agencies—most of which have cooperated with the Association for many years—contributing to this Youth Number of the JOURNAL. We dedicate it to the twenty million, with the hope that the shadows may eventually be illuminated by a permanent rainbow, with a solid pot of gold at the end.

#### STAMP OUT SYPHILIS—ENEMY OF YOUTH

A tradition is in the making. The Second Annual National Social Hygiene Day is scheduled for February 2, 1938 and after that we shall probably take for granted its continuance as a regular feature of the year's activity. While our social hygiene program includes many subjects, it is inevitable that major attention at this time will be focussed on the anti-syphilis campaign. Not alone are the United States Public Health Service and the American Social Hygiene Association greatly concerned, but many organizations, such diverse groups, for example, as the Junior Chamber of Commerce, the American Youth Congress, the General Federation of Women's Clubs and the Protestant Episcopal Church, have resolved to do something about it.

*Stamp Out Syphilis—Enemy of Youth*, will be the keynote of our national program for February 2nd. Of the half million persons who are known to acquire syphilis each year, one in five is under twenty years of age. Even more startling, is the fact that fully half of all syphilis infections are contracted between the ages of 20 and 30 years. When it is realized that this age group makes up a sixth of the population, it is seen why this is called a "disease of youth", a dangerous handicap imposed at the very threshold of young manhood and womanhood.



Youth itself is facing this challenge. The American Youth Congress and cooperating youth groups are undertaking a program to educate the country's young people to the dangers inherent in syphilis and gonorrhea. They intend to urge all young folk to take blood tests as well as physical examinations not only to determine their fitness for marriage but as an essential part of the anti-syphilis drive.

But what are the tasks for the oldsters? Youth has challenged them to do their part.

The fervor with which this national campaign against syphilis has been taken up by groups of earnest workers everywhere is gratifying, yes, thrilling even to old hands at headquarters. But it is not too early to warn that mere words and mere enthusiasm will not be enough. Syphilis is an ancient foe, wily in the ways of siege warfare. No sudden sally will dislodge him from his well entrenched positions. More money must be appropriated and wisely spent. More physicians must be encouraged to provide diagnosis and treatment. Clinic services must be expanded. Case finding and follow-up workers must be trained and put in the field. There must be everlasting watchfulness for conditions favorable to prostitution and degenerate sex practices and swift attack as soon as they appear. Education is unending; all groups must be taught health facts and right standards of living.

All these things and more beside are included in the field on which the telescope of Social Hygiene Day will be focussed. The great problem of the leaders of the campaign is coordination, so that the part of the voluntary worker will be clearly understood, the needs of health officials be carefully expounded and the leadership of the medical profession be secured and maintained. When we see our forces united, moving implacably forward we will know then that nothing can stop us in our determination to "stamp out syphilis."

If we can do these things, then the Second National Social Hygiene Day will be even more important than the first.

FELIX M. WARBURG—SOCIAL HYGIENE PIONEER

One of the last of Mr. Warburg's innumerable acts of friendship and faith must have been his acceptance of mem-

bership in the Association's National Anti-Syphilis Committee, which was received October 19th, the day before he suffered a fatal heart attack. He wrote then: "I am certainly interested in seeing that this movement gets all the support that it deserves. As one of the first people to call this very much needed fight to the public's attention, when the late Dr. Prince Morrow brought it out of hiding, I am glad to see that some daylight is going to be thrown on the horrors of syphilis, and at the same time, on the possibilities for successfully fighting it, as other countries have done."

As a vice-president of the Association during its first six years, as a continuing member of the Finance Committee and a generous contributor but also an active participant in planning of work, he was a true social hygiene pioneer. But what we shall remember best is his kindness and warmth and great-heartedness, and it is as a friend we shall most miss him.

#### CLIMBING ON THE BAND WAGON

Popularity has its disadvantages, and seasoned campaigners in the war against syphilis have not been surprised to find among the new recruits some who seem to be enlisting from selfish motives, as pointed out by the American Medical Association's excellent recent statement. (See page 458.)

There is room and need in the ranks for all who can keep in step and shoot straight, but in this army, now as always, camp-followers and stragglers, or those unqualified and untrained individuals or groups who seek to catch the public eye by keeping up front with the band, have no place.

Members and friends can help the campaign, first, by telling the A.S.H.A., as the national clearing-house of social hygiene information, of any dubious efforts which come to their attention; and, second, by doing what they can locally to expose and thwart such activities and prevent exploitation of credulous citizens by unscrupulous promoters. And, of course, by joining whole-heartedly in the work of sound and bona fide state and community social hygiene organizations, a number of which have recently been established. (Ask for information about cooperating agencies and the latest list of *State and Local Social Hygiene Societies*, Pub. No. A-66.

## SULPHANILAMIDE

Not since the discovery of salvarsan was announced to the world has any drug captured the public interest and aroused the hope of physicians more than sulphanilamide. Both lay and medical press during the last six months have carried frequent and, too often, over-optimistic accounts of the wonders worked by this drug. Leaks from laboratories and hospitals and unguarded statements of physicians have been misunderstood by the public with a resulting stampede to pharmacies to purchase sulphanilamide. Sales have increased enormously, laymen and, unfortunately, sometimes physicians using the drug blindly in ignorance of its dangers.

Sulphanilamide is the name given by the Council on Pharmacy and Chemistry of the American Medical Association to "para-amino-benzene-sulphonamide" or "para-amino-phenyl-sulphonamide." Commercial producers of the drugs have used many trade names, of which the best known in the United States are "prontosil" and "prontylin." Foerster, on May 17, 1933, made the first report of medical use of sulphanilamide when he presented to the Dermatological Society of Dusseldorf, Germany, the remarkable therapeutic results obtained by the administration of "streptozon" or "prontosil" in a case of generalized staphylococcal infection. Subsequently, sulphanilamide was tried by many others in Germany, France, Great Britain, and the United States, with continuously heightening interest on the part of the medical profession.

The therapeutic value of sulphanilamide may possibly prove, when at last its value is established, to be comparable with that of salvarsan, quinine, or other previously known specifics. The drug is given by mouth and by hypodermoclysis and sometimes intrathecally. Its mode of action is not understood but the suggestion has been advanced that sulphanilamide may dissolve the capsules of various cocci. Reports describing its use have indicated that sulphanilamide may be most dramatic in its effects on diseases such as hemolytic streptococcal meningitis, which previously was fatal in 99 per cent of cases. Among the most spectacular results attributed to sulphanilamide are the saving of lives in cases of hemolytic streptococcal meningitis, peritonitis, septicemia; and in meningococcal meningitis and septicemia; and in puerperal sepsis. Cases of scarlet fever, erysipelas, streptococcal thrombophlebitis, adenitis, and otitis media have been reported as successfully treated with sulphanilamide. Staphylococcus infections and pneumococcus III infections have responded to the administration of this drug, according to current medical reports.

Apparently sulphanilamide has specific value in the treatment of many coccal infections in humans. Not only the staphylococcus, streptococcus, meningococcus, and the pneumococcus, but also the

gonococcus appear to be susceptible to the attack of this drug. Its scientific use in the treatment of gonococcal infections has not passed the experimental stage, though thousands of doses are sold daily over drug-store counters without physicians' prescriptions. So far as serious studies have progressed, they indicate that sulphanilamide is a potent but, in the doses necessary for therapeutic results, a somewhat dangerous remedy for gonorrhea.

Cases of gonorrhea treated as bed patients under careful medical supervision require large doses of sulphanilamide given at frequent intervals throughout the 24-hour day for several days in order to obtain satisfactory results. Apparently about 80 per cent of cases thus treated have been cured, but too few cases have been followed for adequate periods to permit definite statements as to the percentage of ultimate cures. Results in outpatient services have thus far been very much less satisfactory. This feature of a study of gonorrhea therapy is complicated also by the frequency of re-infections. The reason for the 20 per cent of failures is, like so many other things about sulphanilamide, still a mystery.

But in order to obtain apparently satisfactory results in the treatment of gonorrhea, sulphanilamide must be pushed close to the region of intoxication. The therapeutic dose and the toxic dose are perilously near to each other. And the toxic manifestations of the drug are numerous and sometimes very serious. Among the gravest is acute hemolytic anemia. A case was reported recently in which the red blood cell count fell from four and a half million to seven hundred thousand in less than two days—a shocking experience both for the patient and the doctor. Pallor, weakness and jaundice are accompanying symptoms of this complication of treatment. Cases of granulocytopenia have been reported but are less frequent than some other complications. Common manifestations of intoxication, one or more of which are observed in many thoroughly treated cases, include photosensitive eruptions resembling the measles rash, cyanosis, acidosis, dizziness, headaches, shortness of breath, diarrhoea, general depression, and ringing in the ears.

Some of these toxic manifestations can safely be ignored, others can be successfully combated by the physician, but some demand instant withdrawal of the drug. The precautions which should be taken in order to attain the full therapeutic effect of sulphanilamide and at the same time avoid serious complications include, in addition to daily clinical supervision, frequent estimation of the concentration of sulphanilamide in the blood, hemoglobin estimation, and cell count including a differential count of the white cells. Thus sulphanilamide can only be administered safely by a physician with the assistance of a competent laboratory, preferably with the patient in a hospital.

Recently, the press of the whole country has carried stories of deaths attributed to the administration of a preparation called "Elixir of Sulphanilamide." At this writing 69 deaths have been traced to this preparation. It is believed that not the sulphanilamide

itself but an adjuvant called "diethylene glycol" which was used in this mixture was responsible for these fatalities, but this experience emphasizes the great danger that may accompany the use or prescription of untried and unapproved preparations.

Physicians and health workers throughout the world are watching, and hoping that in sulphanilamide we have at last a quick and reasonably sure remedy for gonorrhea. The possibility of eventual conquest of this protean disease is dangled before our eyes. We may properly hope that this time we shall not be disappointed, but we must wait, albeit impatiently, for the completion of studies now in progress before we assume the safety and practical usefulness of sulphanilamide. Wishful thinking is not a substitute for the orderly process of scientific evaluation. For the moment, the use of this drug should be limited to carefully controlled studies under the supervision of fully qualified research workers. Thus the gaps in our knowledge of the action of sulphanilamide may be filled without recourse to avoidable post-mortem examinations.

WALTER CLARKE, M.D.

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"Much has been said about the failures of youth during the last few years. . . . On the whole, I think youth has met a difficult period quite as successfully as any other age groups. It is quite true that some of the young people have been shaken by the difficulties which they have been obliged to face, but if I take my own mail as a criterion there are other age-groups which have been shaken quite as much; those, for instance, of middle age and those that are growing even beyond middle age.

In this, as in all other ages some young people, many of them, I think, have taken their problems, faced them and solved them in much the same way as worthwhile young people have done in generations past."

MRS. FRANKLIN D. ROOSEVELT  
speaking before the annual Herald-Tribune Forum  
on Current Problems, New York, October, 1937.

## NEWS AND ABSTRACTS

**A Tribute to Doctor Snow.**—Over 400 guests attended the dinner in the Empire Room of the Waldorf-Astoria on October first, in honor of Dr. William Freeman Snow, General Director of the American Social Hygiene Association since its organization in 1914, and pioneer in health education and public health administration. A committee of friends and admirers who have known or been associated with Doctor Snow during a career of forty years in medicine and public health arranged the event, and the personal greetings of those assembled were supplemented by hundreds of messages of congratulation and commendation from all parts of the United States and Europe from persons who were unable to be present.

Following a pleasantly informal dinner hour, a short post-prandial program was held, centering about the guest of honor. Major-General Merritte W. Ireland, toastmaster, spoke of Doctor Snow's leadership in combating venereal diseases among America's armed forces during the World War,—an important factor in securing the lowest rates of venereal disease infection among troops in world history. Other old friends and colleagues talked briefly of their association with Doctor Snow and of various high points in his career on which each had first-hand knowledge. Dr. Wilbur A. Sawyer, Director of the International Health Division of the Rockefeller Foundation, as the first speaker, recalled university and public health days in California when, as executive officer of the State Board of Health, Doctor Snow succeeded in putting the state health organization on a sound administrative basis and drew nation-wide attention to its new activities. Next in order, Jerome D. Greene, Secretary of the Harvard Corporation, and for many years Treasurer of the American Social Hygiene Association, talked of early days before the formation of the Association, of its founding, and of first efforts to obtain recognition of social hygiene. Sir Arthur Newsholme, former Chief Medical Officer of the Local Government Board, and British health authority, as a long-time colleague in efforts to promote international public health, reviewed Doctor Snow's work in this field, including his contributions to the Cannes Conference in 1919 and the All-American Conference on Venereal Diseases in 1920. Miss Katherine Lenroot, Chief of the United States Children's Bureau, reminded the audience of Doctor Snow's Chairmanship of the Committee of Experts appointed by the League of Nations Council to study international traffic in women and children and the notable results which grew out of his work and that of Major Bascom Johnson, Miss Abbott, and their international colleagues. Doctor Livingston Farrand, president-*emeritus* of Cornell University, discussed Doctor Snow's leadership in developing national health agencies and correlating their

programs through membership in the National Health Council. Surgeon General Thomas Parran delineated Doctor Snow's part in current activities by a quick review of the present scene and a summation of general social hygiene progress. A final tribute was paid by Dr. John H. Stokes, of the University of Pennsylvania, who referred delightfully to the various fine qualities of mind and spirit which have made Doctor Snow esteemed as a leader and beloved as a friend in the social hygiene movement in America.

A high-point of the occasion was the presentation of a bronze bas-relief plaque, to mark the establishment of the William Freeman Snow Award, to be given in future years for outstanding service in the field of social hygiene, and to be symbolized to those thus honored by a medal struck from the plaque. A group of Doctor Snow's friends and associates have provided for the perpetuation of the Award, which was designed and executed by the well-known sculptress, Brenda Putnam.

Announcement of the Award and presentation of the plaque were made in his usual happy manner by Dr. Edward L. Keyes, who as Honorary President and a former President of the Association, and a fellow disciple of the social hygiene pioneer, Dr. Prince A. Morrow, has been closely associated with Doctor Snow through the whole of his career in this field.

In receiving the Award and acknowledging the tributes paid him by the speakers and the large assemblage, Doctor Snow, with characteristic generosity and modesty, reminded the group that progress and achievement are seldom "solo flights," and emphasized the parts that so many others had played in the successes just credited to him. Expressing his appreciation of all that had been said, and pledging himself to service "for the second twenty-five years" of the Association's work, he asked the dough-boy's question: "Where do we go from here?" and furnished his own reply: "It seems to me that the answer should be straight forward on the broad three lane highway which can now be built over the trail which the many pioneers in this movement have blazed'.

Columbia University's Professor Maurice A. Bigelow was Chairman of the committee arranging the dinner. Other committee members were Dr. Ray Lyman Wilbur, President of Stanford University, Dr. Edward L. Keyes, Dr. Wilbur A. Sawyer, Surgeon General Parran, Homer Folks, New York State Charities Aid Association, Mary E. Woolley, president emerita of Mount Holyoke College; and William Fellowes Morgan, President of the National Society for the Prevention of Blindness.

Sponsors of the event numbered about three hundred representative leaders in medical health welfare, academic, religious, and military circles in seventy communities of the United States, and several countries of Europe.

The December issue of the JOURNAL is planned as a souvenir number of this happy occasion.

**Community Mobilization for Human Needs.**—With the announcement of the appointment of Charles P. Taft, recent chairman of the Steel Mediation Board and well known Cincinnati Attorney, as chairman of the Community Mobilization for Human Needs, Community Chests and Councils, launched its opening efforts in the annual appeal for national good neighboring.

At the time of his acceptance of the appointment, Mr. Taft said, "This mobilization is the expression on a nation wide scale of that love of neighbor which is the key to happy community living. It cannot fail for it brings together every element in our citizenship, freed of any sign of controversy or partisanship." The statement called attention to the necessity of private agencies who establish standards, furnish trained workers for public service, and educate the people about welfare problems. Community Chest Campaigns the country over bring home to the citizens of each community the duty and opportunity and glory of being a good neighbor.

At the same time, announcement was made that The Washington Conference, formerly held in September, will be postponed until the winter and will concern itself less with actual campaign procedure and more with social planning on a community-wide basis. The theme of the Conference will be "Responsibility for Human Welfare—National and Local, Private and Public." The National Citizens Committee is sponsoring the Conference as well as the local fund campaigns.

Significant among the numerous national meetings and rallies which are to be held during the Fall is the Denver celebration to commemorate the Fiftieth Anniversary of the first joint money raising effort for charity and philanthropy in this country.

In a statement addressed to Mr. Taft, President Roosevelt called upon the more fortunate of the country to assist the lesser privileged by participating in the country's annual Community Mobilization for Human Needs. The President's statement read in part, "In a world shaken by strife, distrust and bloodshed, our nation has steered a peaceful course, steadily progressing toward the goal of human conservation. It has campaigned with great intensity for the peacetime betterment of those who have suffered adversity, even destitution, because of economic changes and business upheavals."

The 1937 Community Mobilization for Human Needs poster has been reproduced by color photography and is the work of Anton Bruehl. It depicts three children standing at a snow banked window, watching a lone sparrow take the crumbs which they have thrown. The application to human needs of the picture story is epitomized in Luke and Matthew, "Fear not therefore, ye are of more value than many sparrows."

Serving as publicity director of the mobilization is Bertrand Brown, who was for some years with the Milbank Memorial Fund, and has been chairman of the New York Social Work Publicity Council. He



has been charged with special responsibility for radio, newspapers and magazines.

The Publicity Committee of the National Health Council will cooperate in the Mobilization by furnishing a series of pertinent articles for newspaper use on health questions over the signatures of prominent authorities, one of which will represent the A.S.H.A.

**Mississippi Social Hygiene Association Organizes.**—With the backing of the State Medical Association and numerous other State groups, and with nearly 200 members enrolled, the Mississippi Social Hygiene Association is off to a good start. The first State wide meeting of this group is planned for November 4 at Meridian, when speakers of state, regional and national reputation will discuss Mississippi's needs and plan for meeting them. Bascom Johnson of the American Social Hygiene Association has been assigned to attend and join in the program.

The organization grew out of a Committee of three members appointed in January 1937 by the Lauderdale County Medical Society for the purpose of studying the syphilis problem. Affiliation with the American Social Hygiene Association was secured during the summer. The officers of the Association are: President Thomas L. Bailey; Vice-President Dr. T. G. Cleveland; Secretary Andrew Gaine; Corresponding Secretary Dr. D. V. Galloway; Office Secretary George E. Felknor, Jr. The organization has published its first issue of a News Bulletin which discusses social hygiene conditions in the State and calls upon all citizens to cooperate. For further information address the Corresponding Secretary—Dr. D. V. Galloway, at Meridian, Mississippi.

**The 66th Meeting of the American Public Health Association.**—An unusually interesting and valuable program was carried out for the five thousand Health Officers, workers and other interested persons who assembled for the 66th annual meeting of the American Public Health Association at the Hotel Pennsylvania, New York City—October 5 to 8.

Among the social hygiene events of the meeting was the showing of a joint exhibit on syphilis control as a part of the Scientific Exhibit, under the sponsorship of the United States Public Health Service, The New York State Department of Health, the New York City Department of Health and the American Social Hygiene Association. Some of the subjects covered in the exhibit were *Reporting, Case Finding, Popular Health Education, Research Studies and Prevalence*. Dr. Snow was Chairman of the group sponsoring this exhibit, and the other members of the Committee in charge were Dr. Walter Clarke, Consultant on Social Hygiene for the New York City Department; Dr. George H. Ramsey, Assistant Commissioner for Preventable Diseases, New York State Department of Health; George J. Nelbach, Director of the New York State Committee on Tuberculosis and Public

Health and Jacob A. Goldberg, Secretary of the Social Hygiene Committee of the New York City Tuberculosis and Health Association.

Dr. Snow also served as leader of a Clinic on Printed Matter held at one of the sessions arranged by the A.P.H.A. Public Health Education section of which Mr. Homer N. Calver is Chairman. This session took place on Friday morning, October 8.

Dr. Snow was also the speaker at the annual meeting of the National Society for Prevention of Blindness, held on October 6, in the course of a three day annual conference in connection with the A.P.H.A. convention. His subject was *Saving Sight Through Public Action*. On the morning of the same day Dr. Snow, in company with Dr. E. S. Godfrey, New York State Health Commissioner, gave a radio talk from Station WINS, dealing with prevention and control of syphilis.

A meeting of special interest was a breakfast session on *Community Education on Syphilis*, arranged by Mrs. Marie F. Kirwan of the New York State Tuberculosis and Health Committee on Friday morning. Sixty health officers and social hygiene workers were present, and a most inspiring informal program developed under the chairmanship of Dr. George H. Ramsey.

Social hygiene films were shown at the miniature movie theatre which was located on the mezzanine floor of the hotel, under the direction of E. G. Routzahn. Among these were the two new silent motion picture films on syphilis recently produced by the United States Public Health Service. *Syphilis, Its Nature, Prevention and Treatment*; and *Syphilis of the Central Nervous System—A Preventable Disease*. The first film is intended for the general public, and the second for the medical profession. The talking slide film *For All Our Sakes* was also shown and the Association's three-reel lecture film *Science and Modern Medicine*.

The Association also joined in the Fifth Health Education Institute, held October 3 to 5.

**University of Washington Gives Course for Graduate Nurses.**—The School of Graduate Nursing at the University of Washington reports a most successful institute on venereal disease control held July 26–29. Among the topics discussed during the four days' program were: *the general purpose of a venereal disease course for graduate nurses; national and state public health administration of venereal disease control; public health methods for control of syphilis in a county or health district; city health department methods and facilities; the place of venereal disease education; what the nurse should know about the syphilis patient's disease—treatment and cure; management of patients in the venereal disease clinic; what the nurse should know about the gonorrhea patient's disease—treatment and nursing care; and what the public should know for venereal disease control.*

Special lectures and discussions were supplemented by appropriate exhibits—demonstration visits to laboratories, clinics and other points of interest. Conferees were given comprehensive source lists for future reading. The program was arranged under the supervision of Miss Henrietta M. Adams, chairman of the School of Nursing Education, and public officials, private physicians, health workers and nursing authorities cooperated in carrying it out.

It is probable that the course will be repeated next year.

**New Indiana Society Gains Large Membership.**—The recently organized Fort Wayne League Against Venereal Diseases has adopted a novel plan for enlisting public interest and membership. Through the daily newspaper columns of the *Fort Wayne News Sentinel* and other papers. Citizens are invited to free membership in the League—a return blank providing for acceptance, requests for free literature and other information. An attractive membership card is issued to those accepting, with the member's name filled in. Several thousand persons have pledged cooperation in this way to the League's work.

In addition to regular newspaper publicity Dr. Karl C. Eberly, City Health Officer, provides monthly articles for the *Fort Wayne Municipal Review*, which goes to 25,000 homes. The league's officers are: A. G. Burry, president; R. Nelson Snider, vice-president; Harry E. Lowery, treasurer, and Clem J. Steigmeyer, secretary; Harry W. Baals is chairman of the executive committee and headquarters are at 259 Central Building. The slogan is "Know the Truth—Save the Youth."

**The First Illinois Conference on Social Hygiene Education.**—On Friday, June 25, at Springfield, occurred the first state-wide Illinois Conference on Social Hygiene Education, sponsored by the State Department of Health, Dr. Frank J. Jirka, Director. The Conference personnel consisted of Dr. Grace S. Wightman, Chief, Division of Child Hygiene and Public Health Nursing; Mrs. Margaret Wells Wood, Lecturer on Social Hygiene and Parent Education; and Mr. P. K. Houdek, Consultant on Social Hygiene Education. The purpose of the conference was to consolidate the progress made in the state-wide social hygiene lecture program conducted by Mrs. Wood during the past six years, and to answer the request for assistance from groups already interested, and others contemplating community programs. Selected leaders were invited from each community where a desire had been expressed for assistance in further organization. In all fifty-five representatives from twenty-one communities attended, the towns represented being Beardstown, Bloomington, Cairo, Canton, Carlinsville, Casey, Champaign, Decatur, DeKalb, Jacksonville, Joliet, LaSalle, Mendota, Moline, Normal, Robinson, Rockford, Rock Island, Springfield, Urbana, and Waukegan.

Two sessions were held. In the morning the subject was *organization* and discussion topics included *What groups should be represented in a social hygiene organization? Education of the group members—Activities, such as literature distribution—Library collection—Study*

*groups, pre-marital, industrial and other groups; encouragement and support of the schools toward education and a wholesome attitude toward sex; and publicity.* The afternoon session discussed *Materials*, some of the topics being—*Books and how to get them read; pamphlets and their distribution; moving and other pictures—their best use; displays, exhibits, posters.* A mimeographed report of this conference has been prepared which will be of interest to all engaged in social hygiene community work.

A second conference is being organized for November 4th to 6th— at the University of Illinois. The program will be drawn up with special attention to the interests of teachers, administrators and others connected with school. For further information address—Dr. Wightman, in care of the State Department of Health at Springfield.

### **Southern California Society Pushes Intensive Membership Drive.—**

Miss Eloise A. Hafford, Executive Secretary of the Southern California Society for the Control of Syphilis and Gonorrhea reports that several thousand letters have been received in a gratifying response to a membership drive recently initiated under the slogan "Venereal diseases must go in California." A broadside announcement states that syphilis each year in California kills 12,000 persons and infects 25,000 new victims; and that the state spends \$2,500,000 each year for her insane, 15% of which is for persons infected with syphilis. The society's program calls for publicity, education, the urging of all who anticipate marriage to secure health examinations with special attention to venereal disease, and the urging of all prospective mothers to insist upon blood tests as a part of prenatal examinations. Citizens of Southern California are invited to join the society, with membership dues of one dollar, and to cooperate in spreading information and securing other members. A speaker's bureau is being organized.

Officers of the Society are: President, Dr. George B. Mangold; vice-presidents, Dr. A. Elmer Belt, Judge Georgia Bullock, Dr. Frederick P. Woellner, Dr. F. F. Abbott, and K. J. Sutherland. Mrs. Alexander H. Kerr is Secretary and Treasurer and the board of directors and sponsors contain many well known educators and other representative citizens of the southern part of the State. Miss Hafford and Mrs. Kerr are both connected with the well-known Ruth Home which cares especially for venereally infected girls, children and babies, and provides education and rehabilitation to accompany medical treatment.

### **Illinois Social Hygiene League Provides Student Training Classes.—**

Through the efforts of the Illinois Social Hygiene League and the generosity of the Chicago Community Fund, ten tuition scholarships of \$20.00 each have been provided for representatives of various community agencies in Chicago, to permit these agencies to have the benefit of specially trained staff members in dealing with social hygiene programs. These, with other students, are enrolled in a course on *Social Hygiene and Social Welfare* in the newly organized Social

Service Department of Northwestern University. The agencies from which representatives were selected to receive scholarships were as follows: The Municipal Court, Chicago Association for Child Study and Parent Education, Chicago Federation of Settlements, Salvation Army, Infant Welfare Society, Chicago Relief Administration, Institute for Juvenile Research and The Illinois Social Hygiene League.

Dr. Rachelle S. Yarros, Secretary of the League, writes: "I already have good evidence to show how these representatives have become interested in social hygiene. We hope that this course will become a permanent one, and that we will thus prepare groups not only for better understanding of the problems but for building up the value of the agencies in the community."

**Eau Claire Carries On.**—A. Pearl Elkerton, Secretary of the Board of Health of Eau Claire, Wisconsin, and Director of the Social Hygiene Committee formed last Spring, reports that twenty lectures were given during the period of January until July, reaching approximately 3,000 persons. Considerable reference material, books, magazines, and pamphlets have been loaned out and in addition to the meetings and talks about 100 persons have come to the Committee's office to consult on social hygiene problems. Excellent cooperation is being extended by the local newspapers, the physicians and others interested. It is hoped that a week's program will be put on this fall using films and other educational material.

**Georgia Uses a Clinic on Wheels to Fight Syphilis.**—Among the many problems faced in the campaign to stamp out syphilis is the difficulty of finding and treating patients in rural and thinly settled areas. The United States Public Health Service and the Georgia State Board of Health are undertaking an experiment in the rural sections of Georgia, which if successful may be recommended to other States to help in meeting this problem. An automobile trailer has been equipped with laboratory, examination and treatment facilities, and manned by Dr. L. E. Burney, of the Public Health Service, assisted by a white and a colored nurse, and three medical workers. Weekly clinics will be held in the Counties of McIntosh, Glynn and Camden, giving special attention to employees in turpentine camps, where a high percentage of positive Wassermann tests has been found. A weekly itinerary of 400 miles is planned, and the aim is to demonstrate a typical effective county program for syphilis control. The trailer, which is of the two wheel type, with an insulated roof, ample illumination and comfortable furnishings is reported to have cost \$3,750. Health departments in other States having large rural populations will watch the experiment with interest.

This is not the first time that social hygiene has been put on wheels. Many recall the mobile educational unit operated by the American Social Hygiene Association just after the war. So far as known, however, the present experiment is one of the first to conduct a movable syphilis clinic for diagnosis and treatment, previous efforts having been largely confined to the showing of films, exhibits, posters

and the giving of talks. According to a newspaper account, a trailer has recently been put into operation as a venereal disease clinic in Richland County, South Carolina, through the cooperation of the City of Columbia and the County Council, and the efforts of Chairman Harry Cary of the clinic board.

**Postgraduate Training of Negro Physicians in the Clinical Management and Public Health Control of Syphilis.**—The United States Public Health Service has recently issued to state health officers and others interested an announcement to the effect that the District of Columbia Health Department has made an arrangement with the Howard University Medical School for the organization of a special course of postgraduate training of Negro physicians in the clinical management and public health control of syphilis and gonorrhea. The course of instruction is planned to extend over a period of three months and is to be repeated for successive periods during the next year beginning September 1, 1937. Each entering class will be limited to fifteen members and a new class will be received every three months. The scheme of instruction provides lectures and clinical and laboratory demonstrations for training in the clinical management and public health control of syphilis and gonorrhea. The course is open for registration to trainees selected by the State health officers, and traveling expenses and other allowances are appropriate charges against the allotment made to the respective States for training and reserve personnel for the fiscal year 1937–38.

In recommending candidates preference will be given to well-trained young physicians who expect to participate in State or local syphilis control programs in the capacity of venereal disease control officers, cooperating clinicians with health departments, or consultants to health departments. Recommendations, however, need not be limited to such persons. State health officers who may have personnel for whom such training is desired are invited to apply directly to Doctor Numa P. G. Adams, Dean, Howard University School of Medicine, Washington, D. C., for application blanks. Appointments will be based on superiority of qualifications including previous basic training, as well as on priority in time.

**The Public Ask for Blood Tests.**—"In strict confidence and at no expense to you, would you like to be given, by your own physician, a blood test for syphilis?"

This was the question asked of more than a million citizens through ballots sent out in August by Chicago health officials cooperating with State authorities and the United States Public Health Service. As of September 1st, Dr. Herman N. Bundesen, President of the Board of Health, reported one hundred thousand ballots returned with ninety-five thousand asking for the test. As a result of this heavy response the taking of samples and laboratory work began at once instead of October 1st as expected. Seven thousand Chicago doctors have been asked to cooperate in the giving of these tests.

Prompt and active response to such a proposal might well be expected in Chicago, a pioneer city in social hygiene education, but still stronger proof of the value of such efforts is found in the results of a recent poll on the same subject conducted by the American Institute of Public Opinion. The Institute asks representative Americans in all walks of life throughout the forty-eight States whether they would be willing to submit to free blood tests for syphilis. Nationwide returns show an average of eighty-seven per cent out of every hundred persons questioned by the Institute's 500 staff investigators, is willing to take the test. Ninety per cent of young persons between the ages of eighteen and twenty-four responded in the affirmative.

**Universities and Colleges Help the Campaign Against Syphilis.**—

Less than one per cent of college students have been found to be infected with syphilis in such surveys of student health as have been made in past years, but universities and students alike have shown themselves eager to cooperate in the campaign by making sure that their own groups possess a clean bill of health. In addition to the universities already examining their students, the United States Public Health Service has recently made recommendations to all interested universities that new students be examined for syphilis and gonorrhea. The recommendations of course stipulated that confidential methods should be used and that discovery of either disease should not be used as a basis for refusing admission to a student. Students at several universities, among them the University of New Mexico, Oklahoma Agricultural and Mechanical College, and the University of Oklahoma have voluntarily asked for serologic tests. At the University of Illinois, a fraternity chapter discussed the plan and recommended that each house submit a list of names of members to the Student Health Service which would provide the tests free to all students desiring them. At the College of the City of New York, a conference on syphilis and gonorrhea was held from October 26th to 29th under the sponsorship of the College Medical Division, the program including a series of lectures by physicians, with motion pictures, exhibits and statistical charts. The entire medical staff of the College was made available for a private consultation during the progress of the conference. At Bucknell University last spring the student body not only established a group to campaign against syphilis and gonorrhea but formed a permanent Student Board of Health to carry on in other fields of campus health guidance. This group has also extended its work far outside the campus limit, the talking slide film *For All Our Sakes* having been shown extensively both at the college, the town of Lewisburg and vicinity and eight surrounding towns and cities have been contacted with a total audience of upward of 1,400 people. Radio broadcasts on various phases of the venereal disease problem are given weekly from a local station, and other public information has been provided through posters and newspaper articles. The Student Board of Health is collecting data from State Health Departments and other health centers which is being used in lectures and exhibits at Bucknell. Mr. Charles I. Vogel, Director of the Board, writes, "It is our hope that

such a student organization as this will stimulate other universities and colleges to start similar campaigns to eradicate syphilis."

Meantime the Pacific Coast Section of the American Student Health Association at its meeting planned for November 27th at Mills College will center most of its round table discussions about the college problems produced by three diseases—tuberculosis, syphilis, and typhoid fever. Some of the topics are:

1. The legal, social and educational responsibilities of college and university presidents, trustees, and faculties for an appropriate and adequate inclusion of these problems in their total college hygiene program.
2. The important pertinent details of tuberculosis, syphilis and typhoid that should be assigned by these authorities to their student health services, their campus public health services, their departments of informational hygiene, and their departments of physical education activities.
3. The rules and regulations relative to tuberculosis, syphilis, and typhoid that should be promulgated and enforced by trustees, presidents, and faculties for the control of these diseases and the prevention of their dissemination.

**Health Conservation Contests for Syphilis and Tuberculosis.**—Two new features are being introduced into the 1937 Health Conservation Contest sponsored by the United States Chamber of Commerce and the American Public Health Association. This year for the first time prizes will be awarded for noteworthy achievement in the fields of tuberculosis and syphilis control. Any city is eligible for either or both the syphilis and the tuberculosis awards, but cities wishing to be considered must submit a regular city health contest fact-finding schedule and score at least 600 points on its general health program. Entry blanks for the contest may be obtained either from the American Public Health Association at 50 West 50th Street, New York, or the Chamber of Commerce at Washington. The questionnaires, together with such additional information as will be helpful in evaluating the city's program, which must be submitted to the Chamber of Commerce to establish competition, will be forwarded upon receipt of entry blanks properly filled out.

**Experiences in the Sex Education of Young Women.**—Outside the home, girls' clubs form the best possible medium for instruction regarding sex hygiene and education for marriage and family life, according to Sarah Lederman, Director of Women's Activities of the Young Men's and Young Women's Hebrew Association of Washington Heights, New York City. The personal relationship established in such talks are useful in furthering the importance of the individual to the club and the club to the individual. The human interest of a club advisor who knows the girls well is more valuable than that of a specially trained lecturer not so well acquainted. The club sessions prepare the individual to appreciate more technical public lectures if desired. Physicians, psychiatrists and other specialized instructors can best serve by informing and teaching those who work with young people, that is the leaders and advisors. The responsibility then rests upon the group recreation and club leaders to use every opportunity for imparting the information gained as the natural part of a process of teaching young people to be happier and



more complete human beings. Workers need to study their groups carefully in order to create true mutual understanding. They should learn to talk to the groups in their own terms. Their success will be measured by the ease with which club members accept the knowledge offered.

Miss Lederman reports that these theories have been repeatedly proved by practice in the various club groups under her direction. In the course of one meeting understanding has been reached through the intimate personal discussion method which could not have been achieved otherwise, she believes, over a period of months. Young people earnestly want to know more about themselves and the club group provides a setting, sympathy, mutuality and opportunity for exchange of experience which is unique and should be utilized to the fullest extent.

**Damaged Lives and Science and Modern Medicine Play to New York Audiences.**—A new note in social hygiene educational progress was struck when on April 12, 1937, the New York State Censor Board reversed its decision against showings of *Damaged Lives* and the accompanying lecture film *Science and Modern Medicine*, and passed these films for showing to New York audiences. The New York State premier was held at the Capitol Theater, Albany on April 24th. Shortly afterwards, the production opened at the Central Theater on Broadway in New York City for its first run and played there seven weeks to standing room only, repeating the triumphant success of the world premier in Boston in September, 1933, when the production played to full houses for six weeks and more, at the Majestic Theater. Following the New York City engagement, a Brooklyn first run of seven weeks occurred at the Werba Theater, and the production will play in about 125 neighborhood theaters in New York, Brooklyn and the Bronx. Up-state engagements have included three weeks in Rochester, two weeks in Buffalo, and one week in Syracuse, Utica, Schenectady and Troy. Recent New Jersey engagements have included two weeks in Newark and a week in Elizabeth. Pennsylvania dates so far have been three weeks in the Erlanger Theater, Philadelphia and eleven weeks in one Pittsburgh house.

The Weldon Pictures Corporation, distributors of *Damaged Lives*, state that over a million and a half people have so far seen the film in New York State and Pennsylvania, and that they still have three or four hundred theaters to play in these states. The Association is making *Science and Modern Medicine* available for these showings, and information is to the effect that many people are asking for blood tests as a result of seeing the pictures. In the course of the showings over 80,000 sets of the Association's special series of pamphlets by Doctor Snow,—*Health for Man and Boy*, *Women and Their Health*, and *Marriage and Parenthood*, have been distributed.

**Dr. Theodore Rosenthal Appointed Director of the Bureau of Social Hygiene of the New York City Department of Health.**—Following a competitive examination given by the Municipal Civil Service Com-

mission, Dr. Theodore Rosenthal of the Department Staff has been appointed to succeed Dr. Walter Clarke, who was loaned by the Association two years ago to organize the Bureau. Dr. Clarke, who was not a candidate for the position, returned to the Association on July 1st, to become Executive Director, but the Association, at the request of Health Commissioner Dr. John L. Rice, continues to make a part of his time available to the Department of Health as Administrative Consultant on Syphilis and Gonorrhea. Dr. Clarke is also Consultant to the City's Department of Hospitals.

There were twenty-one applicants for the post, of whom only seven finally qualified for the examination. JOURNAL readers will be interested to note the questions presented for written answers, which were supplemented by an oral examination conducted by Doctors Kaliski, Kosmak and Cannon, and Mr. Steinberg of the Civil Service Commission.

- 1 and 2. Outline a program for Venereal Disease Control in New York City.
3. What are the minimal police powers that should be incorporated in a sanitary code of a large city to enforce the provisions of a Venereal Disease Control Program?
4. (a) Give two methods of treatment of early syphilis.  
 (b) Compare briefly the methods of treatment of syphilis in vogue in the United States, Great Britain and one other European country.  
 (c) Comment briefly on their relative values.  
 (d) What is the advantage of treating syphilis in the sero-negative stage?
5. Outline a program for the prevention of congenital syphilis.
6. Comment briefly on the value of case reporting in venereal diseases.
7. (a) Give the modern method of diagnosis of  
       Syphilis  
       Gonorrhea  
       Granuloma Venereum (Lympho-granuloma inguinale)  
 (b) How may the diagnosis of gonorrhea be improved?
8. (a) What is a potentially infectious case of syphilis?  
 (b) How do such cases fit into a Venereal Disease Program?

The examination was open to qualified candidates from any part of the United States, preference being given to those between the ages of thirty and forty-nine. Preliminary requirements were:—graduation with a degree from an accredited medical school; five years' administrative experience in public health work of which two years must have been in venereal disease control.

The position carries a salary of \$6,500 per annum, with pension and sick leave.

**Capitalization on the Syphilis Education Campaign.**—The Journal of the American Medical Association speaks plainly in its issue of October 2, 1937, on the subject of the editorial on page 442. We quote in full.

From widely separated points comes information indicating a movement, ostensibly for the health education of the public, to "cash

in" on the public interest in syphilis. Dr. William S. Crowley, who designates himself as "Acting Chairman," is one who is attempting to enlist the cooperation of physicians in his project. According to the records of the American Medical Association, Dr. William Simon Crowley at 712 West Division Street, Chicago, is not a member of the Chicago Medical Society and therefore holds no membership in the Illinois State Medical Society or in the American Medical Association.

The description of Dr. Crowley's plans is contained in a one-page sheet, apparently typewritten or processed in imitation of typewriting, with his name typed but not signed at the end as "Acting Chairman." The following are excerpts from this circular:

"A preliminary survey is now being made to determine the feasibility of cooperating in the campaign for a wide dissemination of knowledge of venereal diseases by making visual demonstrations to the public.

"A not-for-profit organization would be formed for the purpose of securing, preparing and distributing suitable motion pictures.

"The self-supporting plan would be to make these exhibits pay their own way by a reasonable admission charge. No fund-raising drive nor dues from members or advisory committee are contemplated.

"Of course the program would be in cooperation with some local group or society in each community, with a percentage of the admission charge to the local organization to cover expenses.

". . . this program has no connection with the venereal health [sic] survey now being conducted by the United States Public Health Service."

There is no special need for a new preliminary survey which has no connection with the surveys being made by the United States Public Health Service, with the cooperation of health officials and the medical profession. There is already one national nonprofit organization in the field combating venereal diseases, the American Social Hygiene Association; to organize more is simply to complicate the situation, scatter effort and financial support, and retard progress. Motion pictures thus far made for public exhibition, with the avowed purpose of educating the public with respect to the venereal diseases, have left something to be desired, even after receiving the best thought and consideration of those experienced in social hygiene and health education. Dr. Crowley's record fails to reveal any indication of special qualifications not possessed by workers who have been laboring in this field for years. There seems no reason to suppose that his new organization "not for profit" will contribute anything new or constructive.

Further excerpts explain the idea as follows:

"We want you to personally join us in this work, and ask you to secure in your locality, three leading citizens and two others from the medical profession as members."

"TIME ENTERPRISES, a management and publicity firm have been consulted, a copy of their suggested publicity is herewith attached. They also offer to furnish all the necessary motion picture equipment including screen in the event the auditorium or hall is not so equipped."

In addition to the typed copy, the same suggestions are also sent out in a yellow sheet apparently multigraphed—at any rate processed—in simulated typewriting. There is also a lurid clip-sheet containing editorials, news stories, magazine articles and press comments on syphilis, and—here is the apparent motivation—a heavy black imprint announcing a film, *Sex Science*, to be shown separately for men and women and to be accompanied by a “lecture by a physician,” with a “trained nurse in attendance.” Time Enterprises, 629 South Michigan Avenue, Chicago, are the managers of the film. If the physician “prospect” does not reply promptly enough, he gets a telegram:

“Miss your reply to my letter of seventh caliber of list selected makes it imperative that I have your reaction included in survey thanks.”

More objectionable than anything else is the unethical nature of the whole procedure. The sponsor is not a member of organized medicine, yet he proposes to “educate the public with the cooperation of the local medical profession.” What local medical profession? The organized profession is already giving cooperation to the anti-venereal campaign. Moreover, the profession has established ways and means through the several councils and bureaus of the American Medical Association to function adequately in all proper health education movements. There is no place for medical *prima donnas*, employing a sensational sex film thinly camouflaged as an educational device, and capitalizing on the efforts of legitimate health educators. That was the racket first used by M. S. Taylor, now known as “The Voice of Experience.” The proposal by Dr. Crowley is unnecessary, commercial, and not in the public interest.

Another source from which venereal disease “education” is supposed to emanate is the Venereal Disease Prevention Foundation, room 66, 201 North Wells Street, Chicago. This organization has office space with another group, for which they pay about \$40 a month. They have no furniture. Persons connected with the organization appear to include Eugene A. Stanesco, Gilbert E. Costello, James D. Stoker, Mrs. Grace Gambino and Miss Rose Bruno. Eugene A. Stanesco is employed in the mailing room of the American Can Company; Gilbert E. Costello, James D. Stoker and Mrs. Grace Gambino in the United States Department of Labor, Bureau of Labor Statistics, 215 South Jefferson Street, Chicago, and Miss Rose Bruno by the Wilson Loose Leaf Company, Chicago. The foundation is represented by Attorney Benjamin H. Vanderveld, 64 West Randolph Street, Chicago. A publication is contemplated, to be entitled *Fiat Lux*, which will be edited by Tom Spellman, said to be a university graduate majoring in editorial work. Dr. Ben Reitman is said to be the proposed medical adviser. Circulation of the publication is contemplated through approaching physicians to subscribe to the magazine in quantities to be sent to their patients without charge; advertising is expected to cover the expense. The organization is said at this time to have no paid employees and to have a working capital of about \$300. It should be obvious that the principal contribution of the foundation would be another throw-away

medical publication having no particular standing and capable at best of contributing but little to the prevention of venereal diseases. THE JOURNAL is informed that all the persons connected with this organization appear to be absent from the office until late in the day. A corporate charter was granted under the Illinois Not-For-Profit Act, August 16. The purpose is to do propaganda work for the prevention of venereal diseases by lectures, radio talks and pamphlets. It has been stated that they propose to procure support by raising funds from pharmaceutical manufacturers. The organization is not listed among a revised list of affiliates furnished by the American Social Hygiene Association. The Illinois Social Hygiene League is listed as such an affiliate. The necessity for another organization is not apparent.

From Cincinnati comes news of the organization in that city of a chapter of the "National Anti-Syphilitic League." Information also indicates that other Ohio cities are being organized. A newspaper clipping reporting the organization indicates that the intention is to raise funds for clinics. In view of the stated policy of the United States Public Health Service to devote its attention to improvement of existing clinics and to hold the establishment of new ones to a minimum, this league would not seem to be contributing in a cooperative manner to the furtherance of national aims against syphilis. It would tend to duplicate the work of the American Social Hygiene Association, which is already adequately represented in Cincinnati by the Cincinnati Social Hygiene Society, a member of the Cincinnati Community Chest and Public Health Federation and closely cooperative with the Cincinnati Academy of Medicine. This new organization, which appears to be reputable enough, is nevertheless a needless duplication. Its sponsors would do well to throw their influence and support to an established organization instead of creating a new one.

Physicians and others interested in lending their support to the campaign against syphilis can do so most effectively through the established channels, national, state and local, namely, public health officials, medical societies, and the American Social Hygiene Association with its local affiliates. Multiplication of organizations, however sincere and ethical their purposes, simply divides financial support, scatters efforts, leads to public confusion and creates opportunity for racketeering and personal exploitation.

**"If Youth Knows, Youth Will Heed."**—Following up the widespread distribution of its popular pamphlet *The Great Imitator*, and its series of advertisements on syphilis in standard magazines,\* the Metropolitan Life Insurance Company has recently prepared 1,200

\* Another full-page advertisement is planned for the February magazines on the subject of syphilis, and calling attention to the Second National Social Hygiene Day. This will be the fourth time that the Metropolitan has aided the social hygiene campaign in this way, previous advertisements having appeared in 1928, 1930, and in February, 1937.



# THE NATIONAL ANTI-SYPHILIS COMMITTEE OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

## *Officers of the Committee*

GENERAL JOHN J. PERSHING, General of Armies of United States, *Chairman*      RAY LYMAN WILBUR, M.D., President, Stanford University, *Vice-Chairman*

CHARLES H. BABCOCK, Senior Partner, Reynolds & Co., *Executive Chairman*

With General John J. Pershing for chairman, Dr. Ray Lyman Wilbur for vice-chairman and Charles H. Babcock for executive chairman, the American Social Hygiene Association has organized its National Anti-Syphilis Committee to sustain the recent and amazing public interest in the health battle against Syphilis and Gonorrhea through a broad program of education. Returning to the United States on Armistice Day after six months in Europe, General Pershing announced to ship reporters that with the aid of Dr. Wilbur he was ready to carry on the fight against the venereal diseases. Met by Colonel James L. Collins, who was his aide in France during the World War, Colonel Collins pointed out that the general was eminently fitted for the task of aiding the National Anti-Syphilis Committee, as he had brought more than 2,000,000 soldiers back from France free from any venereal diseases.

"Yes," replied General Pershing, "that's true. I had a terrible fight but I won, and no infected men of the 2,080,000 soldiers who went overseas were allowed to come home unless they had a clean bill of health from venereal diseases. You can say that's why, I suppose, they asked me to head this drive against syphilis, and I'll add that I'm very pleased to have part in this campaign. Of course the active part will be carried on by Ray Lyman Wilbur, former Secretary of the Interior, but I shall make many suggestions and be as active as I can."

On the date of General Pershing's arrival, the National Anti-Syphilis Committee numbered 264 distinguished men and women. It is generally believed by those who have seen the list that it is one of the most remarkable groups of sponsors recruited for the promotion of a public project since World War days. This list to date is printed on the following pages.

To carry out its program the Association's National Anti-Syphilis Committee is first undertaking to raise a fund of at least \$500,000 through voluntary contributions. The appeal is being conducted in two phases: the first or special gifts

phase for larger subscriptions, some for special projects, is now in progress with \$72,245 contributed and subscribed to November 18, when the JOURNAL goes to press. The second phase will occur in February, beginning with National Social Hygiene Day on February 2nd, 1938, and be conducted under the auspices of state and city anti-syphilis committees. The campaign has adopted "Stamp Out Syphilis" as its slogan and is emphasizing Surgeon General Parran's statement of syphilis, "It still is a task for all the people."

### *Members of the Committee*

- GRACE ABBOTT, Professor of Public Welfare, University of Chicago, Chicago, Ill.  
 HARRIETT M. ALLYN, President, National Association of Deans of Women, Washington, D. C.  
 MARY ANDERSON, Director, Women's Bureau, U. S. Department of Labor, Washington, D. C.  
 MRS. JAMES RAE ARNEILL, Denver, Colorado  
 TREVOR ARNETT, Treasurer, Institute of Social and Religious Research, Grand Beach, Mich.  
 EDWARD W. ATKINSON, Boston, Mass.  
 BRUCE BARTON, Chairman of Board, Batten, Barton, Durstine & Osborne, New York City  
 S. BAYNE-JONES, M.D., Dean, Yale University School of Medicine, New Haven, Conn.  
 WILLARD W. BEATTY, Director of Education, U. S. Office of Indian Affairs, Washington, D. C.  
 S. WILLIAM BECKER, M.D., Associate Professor of Dermatology and Syphilology, University of Chicago, Chicago, Ill.  
 MRS. WILLIAM A. BECKER, President-General, Daughters of the American Revolution, Washington, D. C.  
 SIMON BERGMAN, Chairman, Lily-Tulip Cup Corporation, New York City  
 WALTER L. BIERRING, M.D., State Commissioner of Public Health, Des Moines, Iowa  
 JESSIE F. BINFORD, Executive Director, Juvenile Protective Association, Chicago, Ill.  
 WILLIAM BINGHAM, II, Bethel, Maine  
 MRS. ROBERT H. BISHOP, JR., Novelty, Ohio  
 FRANK E. BOHN, President, The Home Telephone and Telegraph Company, Fort Wayne, Ind.  
 MRS. CHESTER C. BOLTON, President, Payne Fund, Lyndhurst, Ohio  
 GENERAL EVANGELINE BOOTH, General of International Forces of Salvation Army, New York City  
 MRS. SIDNEY C. BORG, Chairman, Advisory Committee on Welfare of the New York World's Fair, 1939, New York City  
 MORGAN B. BRAINARD, President, Aetna Life Insurance Company, Hartford Conn.  
 ABRAHAM A. BRILL, M.D., Psychiatrist, Lecturer, Columbia University, New York City  
 MRS. JAMES A. BRITTON, Executive Director Emeritus, Chicago Heart Association, Chicago, Ill.  
 MRS. JOHN NICHOLAS BROWN, Providence, R. I.  
 ROBERT O. BROWN, M.D., President, New Mexico Tuberculosis Association, Sante Fe, New Mexico  
 R. W. BUDD, President, Central Greyhound Lines, Inc., Cleveland, Ohio  
 HON. GEORGIA P. BULLOCK, Judge, The Superior Court, Los Angeles, Calif.  
 HERMAN N. BUNDESEN, M.D., President, Chicago Board of Health, Chicago, Ill.  
 PERRY BURGESS, President, Leonard Wood Memorial, New York City  
 STRUTHERS BURT, Author, Southern Pines, N. C.  
 ROBERT H. CABELL, President, Armour & Company, Chicago, Ill.  
 HUGH CABOT, M.D., Professor of Surgery, Graduate School, University of Minnesota, Rochester, Minn.



- STEPHEN P. CABOT, President, Judge Baker Guidance Center, Boston, Mass.  
EDDIE CANTOR, Comedian; President, Jewish Theatrical Guild of America, Hollywood, Calif.  
NEWCOMB CARLTON, Chairman of Board, Western Union Telegraph Company, New York City  
RICHARD B. CARTER, President, Carter's Ink Company, Boston, Mass.  
LOUIS S. CATES, President, Phelps Dodge Corporation, New York City  
MRS. WILLIAM CAVALIER, Piedmont, Calif.  
ANSON L. CLARK, M.D., Director, Clark-Branham Clinic, Oklahoma City, Okla.  
MARY AUGUSTA CLARK, Statistician, U. S. Children's Bureau, Washington, D. C.  
IRVIN S. COBB, Author, Santa Monica, Calif.  
LOTUS D. COFFMAN, President, University of Minnesota, Minneapolis, Minn.  
HAROLD N. COLE, M.D., Associate Clinical Professor of Dermatology, Western Reserve University, Cleveland, Ohio  
ADA LOUISE COMSTOCK, President, Radcliffe College, Cambridge, Mass.  
JAMES M. COX, former Governor of Ohio, Dayton, Ohio  
CORNELIUS A. CRAIG, Chairman of Board, National Life and Accident Insurance Company, Nashville, Tenn.  
FRANK D. CUNNINGHAM, President, Butler Brothers, Chicago, Ill.  
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# A FEW REFERENCES FOR YOUNG PEOPLE, PARENTS AND YOUTH LEADERS

## Books

### For Young People (High school age and up)

- DENNIS, LEMO T. *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
- DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00
- *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00 (Paper ed. \$1.25.)

### For Parents and Leaders

- BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk and Wagnalls, 1924. Revised 1936. 60 p. 35c. (National Health Series.)
- *Sex Education*. New Edition, 1936. American Social Hygiene Association. \$1.10 postpaid.
- BROOKS, FOWLER D. *Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.
- GROVES, SKINNER AND SWENSON. *The Family and Its Relationships*. Lippincott, Chicago, 1932. 321 p. \$1.60.
- HART, HORNELL AND ELLA B. *Personality and the Family*. Heath, 1935, 381 p. \$2.80.
- HOLLINGWORTH, L. A. *Psychology of the Adolescent*. New York, Appleton, 1928. 227 p. \$2.50.
- SMILEY AND GOULD. *A College Text Book of Hygiene*. New York, Macmillan, 1935. \$2.00.
- RAINEY, HOMER P. AND ASSOCIATES. *How Fare American Youth?* New York, Appleton-Century, 1937. 186 p. \$1.50.
- THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.
- VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00.
- WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION. *The Adolescent in the Family. Report of the Sub-committee on the Function of Home Activities in the Education of the Child*. New York. Appleton-Century Co., 1934. 470 p. \$3.50.

### Popular Books on Syphilis and Gonorrhea for the Lay Public

- BECKER, S. W. *Ten Million Americans Have It!* J. P. Lippincott Company. New York, 1937. 220 p. \$1.35.
- PARRAN, THOMAS. *Shadow on the Land—Syphilis*. Reynal and Hitchcock. New York, 1937. \$2.50
- SNOW, WILLIAM F. *Venereal Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. Revised 1936. 98 p. 35c. (National Health Series.)
- WARREN, CARL. *On Your Guard*. Emerson Books. New York, 1936. 160 p. \$1.00.

## Pamphlets

(Unless otherwise indicated, 10 cents each, 80 cents per dozen, \$5.00 per 100)

### For Young People

Pub. No.

*What You Should Know About Syphilis and Gonorrhea*, M. J. Exner, 15 cents. . . . . A59

*Special Series* (25 cents a set)

<i>Health for Man and Boy</i>	William F. Snow . . . . .	{	A52
<i>Women and Their Health</i>			A53
<i>Marriage and Parenthood</i>			A54

*In Training*. For boys of high school age. *The Age of Romance*. For young men and women. Thurman B. Rice. American Medical Association. Chicago. 25 cents each.

*The Technique of Good Manners*, a handbook for college men, and *Good Manners for Young Women*, by Mary Perin Barker. 15 cents each. John Wiley and Sons, New York.

<i>Choosing a Home Partner</i> , Newell W. Edson.....	845
<i>Betrothal</i> , Paul Popenoe.....	972
<i>Premarital Conference</i> , Los Angeles Institute of Family Relations (for engaged and married couples). 50 cents.....	916
<i>The Case for Chastity</i> , Margaret Culkin Banning. Reprinted from Reader's Digest, Pleasantville, N. Y. 10-50 copies, 3 cents each.	
<i>Youngville, U.S.A.</i> —American Youth Tells Its Story. American Youth Congress. 10 cents.	
<i>Youth Action in Preparing for Marriage and Home Life</i> . A guide to action for Christian young people and their leaders in the United Christian Youth Movement. 15 cents. International Council of Religious Education. Chicago.	
<i>A Series of Four Pamphlets:</i>	
<i>Getting Ready to Fall in Love</i>	} Roy E. Dickerson
<i>Things that Count in Courtship</i>	
<i>When a Couple are Engaged</i>	
<i>Getting Started in Marriage</i>	

(Association Press, 347 Madison Avenue, New York). 10 cents each

*Youth in Action*. A useful tool for young people's groups. The Council for Social Action of the Congregational and Christian Churches of the United States of America. 289 Fourth Avenue, New York. 10 cents.

#### For Parents and Youth Leaders add to the above list

#### Sex Education

<i>A Formula for Sex Education</i> . 5 cents.....	778
<i>Established Points in Social Hygiene Education</i> . M. A. Bigelow.....	820
<i>Education for Marriage</i> . Max J. Exner.....	692
<i>Sex Instruction in Public Schools</i> . W. W. Beatty.....	971

#### Legal and Protective Measures

<i>Prostitution in the United States</i> . Bascom Johnson. Reprinted from The Commentator.....	A28
<i>Social Life for High School Boys and Girls</i> . Paul Popenoe.....	A10

#### Lecture Outlines and Special Programs

<i>Notes for a Popular Talk for the General Public on Syphilis and Gonorrhea</i> . Walter Clarke. 5 cents.....	885
<i>Outline for a Talk on Social Hygiene Legal and Protective Measures</i> . 5 cents.....	A31
<i>Love, Courtship and Marriage</i> . Lecture and discussion outlines. N. W. Edson. 15 cents.....	932
<i>The Case of Youth vs. Society</i> . Plan and methods of the Youth Trial of the Oranges. W. D. Townner.....	959
<i>Suggestions for Organizing a Community Social Hygiene Program</i> ....	889

*Youth Serving Organizations* an introductory survey and descriptive directory of national non-governmental associations. M. M. Chambers. American Council on Education, Washington, D. C. 1937.

*The Prospect for Youth*. The Annals, November 1937. Designed to focus attention upon the problems of youth and to facilitate the intelligent consideration of these problems. American Academy of Political and Social Science. 3457 Walnut Street, Philadelphia. \$2.50 per copy. Paper binding, \$2.00 per copy.

*Bulletin of the American Youth Commission*. Current references on youth problems, and information concerning the activities of the Commission. Published monthly, and sent free upon request of the Commission at 744 Jackson Place, Washington, D. C.

*Journal of Social Hygiene*: 35 cents a copy.

Vol. 20. No. 5 *Parents Number*

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Vol. 22. No. 1 *Final Report—Conference on Education and Family Relations*

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No. 9 *Commercialized Prostitution as a Community Problem*

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No. 5 *Special Number for Nurses and Social Workers*

No. 7 *Public Information Number*

No. 8 *Youth Number*



## Toward the New Year



HE American Social Hygiene Association is well on in its third decade. The year 1939 will see the end of its first quarter-century of service.

There is something in these recurring milestones of time—years, decades, centuries—that inclines us to look back, taking account of stock, and forward, anticipating the unit of time to come and laying out fresh plans for it in the light of the one just past. Many of the veterans of the long battle of social hygiene, pausing for this year-end look, find their thoughts converging upon the modest but pervasive figure of Dr. William Freeman Snow.

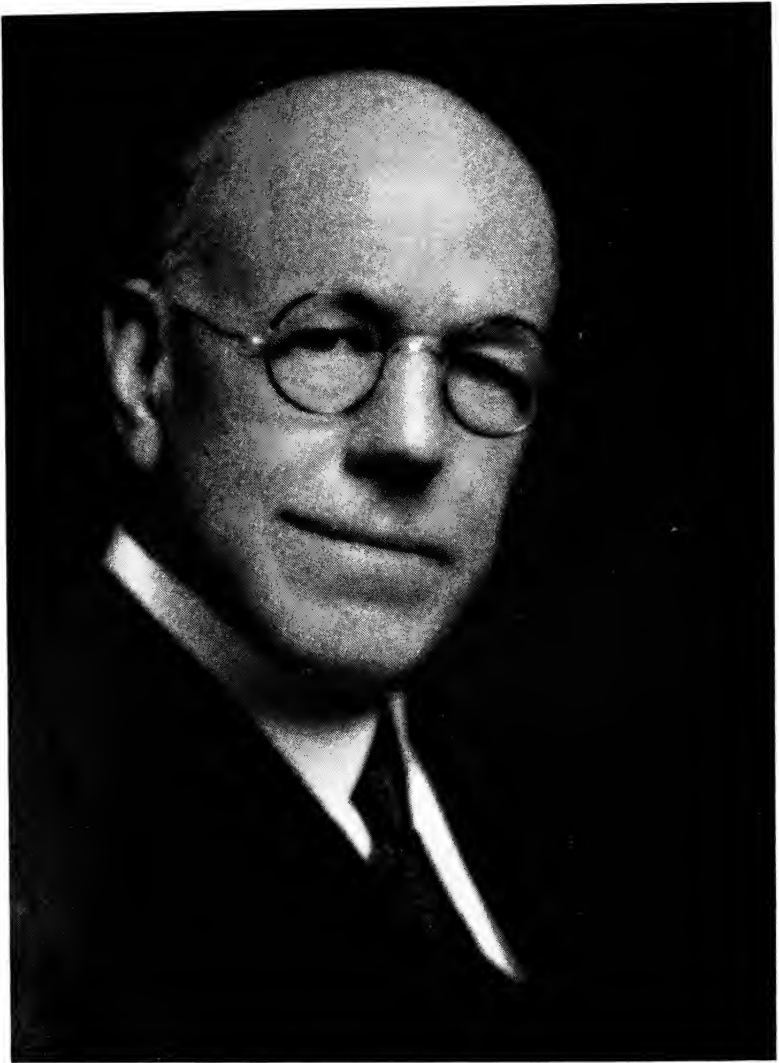
For nearly twenty-five years Dr. Snow has been at the head of the national Association. What his leadership has meant in the fight against the venereal diseases during those years many people know. Some of those who know best, indulging in these pre-anniversary reflections as the year waned, felt an impulse to share the urgency of their knowledge with Dr. Snow himself. To break through the reticence that at other seasons withholds tongues from too much expression might have a timely appropriateness, and might have the further excuse that even the most vigorous fighter takes a new vigor from looking at himself through the eyes of his colleagues awhile and seeing there that he has done a fine, full work, and so measuring more justly the accomplishment that he and they have to build on for the future.

On October first a dinner was held in New York in Dr. Snow's honor. Invitations were sent out among social hygiene's friends and Dr. Snow's co-workers in other fields of his activities in years present and past, and a few who had been most closely associated with him were asked to speak, expressing for all the rest what not only those present but hundreds of others throughout the United States and scattered over the world strongly feel.

So inspiring and delightful an occasion would hardly be complete without a permanent record as a souvenir for those who participated and for the information of those who were unable to be present. The Editorial Board takes pleasure, therefore, in devoting the ~~December~~ issue of the Association's official spokesman to an account which we trust will be both enjoyable and memorable.

C.-E. A. WINSLOW,

Chairman, Editorial Board, *Journal of Social Hygiene*



*William F. Snow.*

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NO. 9

## Souvenir Number

*To accompany the invitations to attend the Testimonial Dinner a summary of Dr. Snow's public health activities was prepared by the Committee on Arrangements. This concise view of forty years brings two characteristics of his life into strong relief—a clear purpose steadily adhered to, and a field of accomplishment continually widening till it embraced the world. As an introduction to the man and the occasion the JOURNAL believes that we cannot do better than to reprint this summary—Editor.*

**F**ORTY YEARS AGO this Autumn an energetic, studious and purposeful young man entered the Cooper Medical College, which was later to become Stanford University's School of Medicine. While still a student, William Freeman Snow made his first permanent contribution to public health education by organizing the Student Guild which continues to this day to be a source of substantial health benefit to Stanford students.

After graduation Dr. Snow soon became a leader in hygiene and public health education. He was a member of the Stanford faculty from 1900–1919. He served the California State Board of Health as epidemiologist, and in 1909 became the executive officer of the Board. During the next five years California took high rank among the efficient state health departments of the country. Dr. Snow's pioneer efforts in progressive health activities were watched with interest throughout the United States.

Trained as an ophthalmologist and conditioned in the liberal social attitude of Stanford University, Dr. Snow early turned his attention to the much neglected health problems of syphilis and gonorrhea. As the young and vigorous health officer of California he attracted the attention of such men as President Emeritus Charles W. Eliot of Harvard and Dr. Prince Morrow of New York, the leaders of pioneer American organizations attempting to promote what was then called sex hygiene. At the same time President David Starr Jordan of Stanford was heading the popular movement against commercialized prostitution. It was these three great leaders who saw the necessity for a voluntary agency with the broadest possible approach to the problems of social hygiene and who, therefore, in 1913 merged several existing societies to form the American Social Hygiene Association and persuaded Dr. Snow to come East and pilot it.

Dr. Snow encouraged the interest in and support for this new organization of philanthropists such as John D. Rockefeller, Jr., Julius Rosenwald, Cleveland Dodge, and many others. His success made such an impression on the leaders in public health work that he was marked for immediate draft when this country entered the War in 1917. He pointed out that America must face the menace of syphilis and gonorrhea to the fighting efficiency of millions of young men to be inducted into the armed forces.

At the beginning of the War and during his service as a medical officer under Surgeon General Gorgas, Colonel Snow was largely instrumental in showing the need for a national social hygiene program and obtaining support for it from the Congress and the Secretaries of War and Navy, as well as the National Council for Defense and its semi-official advisory bodies, the General Medical Board and the National Red Cross. This program for the first time was founded on the conception that the venereal diseases are not necessary concomitants of military or naval life. As a result a program was adopted which included chemical prophylaxis, the reduction of the opportunities for infection by the repression of prostitution in the environs of military posts, the education of the military and civil population, and the plentiful provision of wholesome recreation facilities. So successful was this program that the American armies set up an all time world record for low incidence of venereal diseases, and an impressed Congress passed the Chamberlain-Kahn Act which set up the Interdepartmental Social Hygiene Board and the Bureau of Venereal Diseases in the United States Public Health Service, and appropriated money to bring the whole social hygiene program to the general population. Forty-one states participated, local clinical facilities increased more than ten-fold and environmental protective measures in many states were greatly stimulated before Federal funds were exhausted. The work of venereal disease control in the United States Public Health Service has survived as one of the permanent gains for social hygiene of the greatest importance and usefulness.

All during this war period Dr. Snow, with the backing and support of the American Social Hygiene Association, had his finger in every health pie. Social hygiene suddenly and, it seemed, miraculously, appeared in the programs of numerous key organizations and nearly always Dr. Snow could be dimly discerned in the background. The amount of labor he performed was colossal. He seemed to be driven by some high compression engine denied to other men. In fact his nickname was "The Driven Snow."

In a recent address at the Hotel Pennsylvania Professor Winslow of Yale said, "In this whole first phase of practical disease control in the United States, William F. Snow was the stage manager, even though he rarely occupied the limelight in his own person."

It was only natural that in the international scene also Dr. Snow should be asked to help in the direction and casting of the men and women who were struggling with the age-old problems of prostitution and the international traffic in women and children, as well as the world-wide ravages of syphilis and gonorrhea. The Committee of Experts of which he was Chairman from 1924 to 1929, alone among all those under the jurisdiction of the Council of the League of Nations, came to a unanimous agreement on a constructive program for procedures against the so-called white slave traffic. Unique in unanimity, the result was a tribute to the leadership of Dr. Snow as well as to his indefatigable pursuit of his objective. He has participated actively, as an officer, in many international health and welfare organizations. With several other authorities he went to Puerto Rico where under Governor Theodore Roosevelt, Jr., they investigated the conditions which were injurious to the health of the children of the Island.

Among the other great contributions of Dr. Snow to public health, not only as an educator but as an administrator, have been his lifetime interest in the Conference of State and Provincial Health Authorities of North America of which he was formerly president, and the organization of the National Health Council. Dr. Snow urged the national voluntary health agencies to merge in the interest of more efficient public service. While not wholly successful in persuading these bodies to carry this coordination to completion, Dr. Snow did bring about the formation of the National Health Council of fourteen agencies housed in close proximity, mostly under one roof and using many common services. As president of the Council for many years, his judgment and vision entered largely into the development of the constituent groups even in fields quite remote from social hygiene. He was at one time a member of the boards of directors of sixteen national health and educational organizations. Charles W. Eliot once wrote "I believe Dr. Snow to be *the* most effective man in the field of public health—not 'one of the most effective men.' "

He was and remains the inspiration and adviser of organizations too numerous to mention devoting important attention to sex education, the control of syphilis and gonococcal infections, and repression and prevention of commercialized prostitution. State and city health authorities, religious, educational and social organizations, medical societies and schools, leaders and workers in every category of agency have turned to him as the great leader, teacher and administrator in social hygiene. Dr. Snow has miraculously found time, encouragement and wisdom for all of them, never seeking recognition or reward.

Among the younger men who watched Colonel Snow in his work during the War was one who, after a long apprenticeship in the Public Health Service, was to be called to the spotlight by Franklin D. Roosevelt. Dr. Thomas Parran was made Commissioner of Health for New York State by Governor Roosevelt and later Surgeon General of the United States Public Health Service by President Roosevelt. Immediately after his appointment as Surgeon General, correctly sensing that the public mind had been prepared by education for a dramatic move, Dr. Parran sounded a tocsin of war against syphilis. Declaring that the major objective of his administration would be the control of syphilis, he awoke the nation to its responsibilities. In the press and on the platform, from radio and screen, came the most amazing publicity break of the century. Everywhere people were eager to be implemented and to act.

Thus the long labors under Dr. Snow's guidance suddenly came to fruition throughout the United States. The skill with which the stage had been set during a quarter of a century was almost overlooked in the dramatic appearance of a new and brilliant leader challenging the nation to conquer syphilis. But Dr. Parran was prompt in his recognition of the nation's debt to Dr. Snow and his followers, warning the public that official agencies could not do the job alone, that the work of the American Social Hygiene Association was needed now more than ever so that real progress might be made.

Not to allow this fervor to die before the gains could be consolidated became the problem of Dr. Snow and the American Social Hygiene Association. He had often proposed a National Social Hygiene Day to be devoted to discussion and education in communities all over the country. Viewed skeptically by many when it was actually undertaken, the success of this project was breath-taking. In more than 500 communities, large and small, people came together on or about February 3, 1937, and considered what they could do locally and nationally to aid in the conquest of syphilis, the promotion of sex education, and the prevention of commercialized prostitution.

Just as during the World War Dr. Snow was called and enlisted "for the duration" so now he has been called by Surgeon General Parran to aid and advise the Federal Government in its campaign against syphilis. In the capacity of consultant and field marshal

pro-tem William F. Snow is the perfect liaison officer between the health officials and the voluntary social agencies and citizen organizations who are fighting shoulder to shoulder in a great campaign that will never end until syphilis has been conquered.

By a man's work you shall know him. Countless thousands in America and abroad are happier and healthier because of Dr. Snow's work. Those who know him personally admire him as a man aside from his rich contribution to human welfare. A brilliant social strategist, an inspiring teacher, a wise adviser, a skilled administrator and organizer, an indefatigable worker, he is also a kind and sympathetic friend, a loyal comrade, modest in success, cheerful in adversity, tactful, gentle, humorous, unselfish, courageous, a truly great man whom it is a privilege to follow and a pleasure to honor.

MAURICE A. BIGELOW,

*Chairman, Committee on Arrangements*

## The Testimonial Dinner Addresses

*In the Waldorf-Astoria Hotel in New York, on October the first, over four hundred persons actively interested in Social Hygiene sat down to dinner together, with Dr. William Freeman Snow and Mrs. Snow in the places of honor. Men and women of outstanding achievement in social hygiene and public health, friends and fellow-workers during forty years, sat at Dr. Snow's right hand and his left at the long speakers' table and filled the Empire Room to its walls.*

*At the close of the dinner, Major General Merritte W. Ireland, toastmaster, presented, as representative of the many friends whose appreciation of Dr. Snow and personal attachment to him have deepened through years of work with him in this and other countries, the following speakers:*

DR. WILBUR A. SAWYER, Director of the International Health Division of the Rockefeller Foundation; SIR ARTHUR NEWSHOLME, British health authority, former Chief Medical Officer of the Local Government Board; MISS KATHARINE LENROOT, Chief of the United States Children's Bureau; SURGEON GENERAL THOMAS PARRAN; DR. JOHN H. STOKES, University of Pennsylvania; and DR. EDWARD L. KEYES, Honorary President and former President of the American Social Hygiene Association.

*In the following pages these addresses are given in full.*

The dinner meeting convened in the Empire Room of the Hotel Waldorf-Astoria at nine-thirty o'clock, Major General Merritte W. Ireland, presiding.



MAJOR-GENERAL IRELAND

TOASTMASTER IRELAND: I am sure that the sponsors of this dinner are very much gratified at the great number who have turned out to do honor to Colonel Snow. I am pleased to be here for three reasons that I have in mind just now.

*First*, and foremost, of course, is to do my part in honoring my friend and associate and one time assistant, the guest of honor.

*Second*, because for many years, when this country was shrouded in prudery, and when it was not possible to mention the social diseases

in polite society, and when it would not have been possible to have this symposium that we are to have here tonight, I was a member of an organization that was trying to control the venereal diseases in the United States Army. We knew the extent of the prevalence of these diseases and we published our statistics every year. The Army and the Navy were the only large organizations that knew the statistics on this subject. As the result, the finger of scorn was pointed at the Army and we were considered a most immoral people. It was very difficult at that time, in talking to our associates and friends in civil life, to make them believe that the venereal rate in the military posts was simply an index of the conditions that existed in the towns and cities adjacent to that post. Finally, in 1916 and 1917, the mobilization took place and the World War came on. The veil of false modesty was raised and the people of the United States saw this problem in the true light. I am sure that the United States Army



today, with the venereal rate of twenty-nine, and in the United States, a rate of less than twenty-seven per thousand, is considered one of the cleanest organizations in this country.

*Third*, the wheel of fortune and good luck placed me at the head of the organization in France, where, with the support, the very positive support, of the Commander-in-Chief, we attempted to control the venereal diseases in the A.E.F. In that position we were the beneficiaries of the splendid work that Colonel Snow and his associates were doing in the camps in the United States, in that the men who came to France had been educated in the seriousness of the venereal peril. That helped to make it possible for us to have the cleanest army, from the social disease standpoint, that ever campaigned against an enemy. I am wondering how many here tonight appreciate the gratitude that the people of the United States owe to General Pershing for returning his army of more than two million men to the United States free of venereal disease. It was his order—and that order was executed—that no man was to be allowed to embark for home who had any symptom of these diseases.

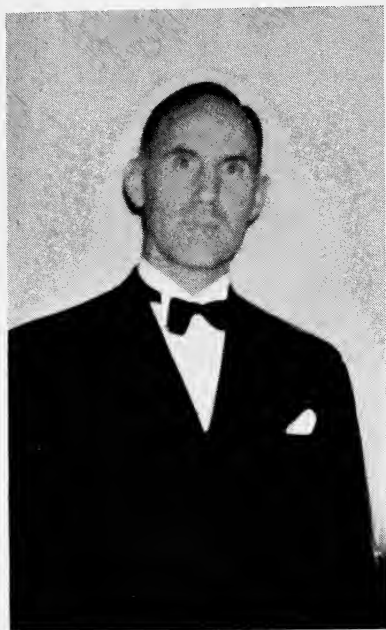
I am glad, and I think you all ought to be very glad, that I am not one of the speakers of the evening. It is my business to make it possible for the speakers to get on their feet, but before the speaking starts, as represented on your program, there are two little things that I think ought to be attended to now.

There is a telegram here which I think I should read to you. This is addressed to Dr. Snow, and reads as follows:

Up to the last moment I had hoped to be present this evening to thank you for your courageous leadership in the syphilis and gonorrhea campaign during the last forty years. You have made an important contribution to the city and the entire country. I am glad that in the last three and one-half years New York City has made real progress in this health campaign. We are going to eradicate these contagious diseases. I have asked Commissioner Rice to represent me personally at the testimonial dinner which you so well deserve. With best wishes for many more years of service.—F. H. LA GUARDIA, *Mayor of the City of New York*.

I am going to ask Commissioner Rice to make a few remarks.

Commissioner Rice. (*Applause.*)



COMMISSIONER RICE

COMMISSIONER JOHN L. RICE:  
Mr. Toastmaster, Dr. Snow,  
distinguished guests, friends  
and comrades of Dr. Snow:

I have the real honor of bringing to you personally, Dr. Snow, the greetings, the congratulations, and the best wishes of the City of New York, of Mayor LaGuardia, and also of the Department of Health. In the Department of Health in recent years real progress is being made in this cause. We are beginning to see, even now, not only here in New York City, but throughout the country, something of the fruit from the

seeds that you have planted during the past forty years.

If one were to ask how you have made such accomplishments, one of the answers would be not Dr. Snow, but Mrs. Snow. (*Applause*) I hope at this stage of the game, which is the most important of all, that you will stand with us for many years to come. (*Applause.*)

TOASTMASTER IRELAND: Thank you, Dr. Rice.

Here are dozens and dozens of cablegrams, telegrams, and letters to Dr. Snow. Now, do not be alarmed; I am not going to read them. But there is one that I know Dr. Snow would want me to read and that I know you would want to hear. It reads as follows:

My dear Dr. Snow:

I deeply regret that absence from the city will make it impossible for me to join with your many friends tomorrow night in doing you honor at the dinner which is being given for you at the Waldorf.

Of my great confidence in you and my profound belief in the work that you have been carrying on so successfully for the past twenty-five years, the support which I have counted it a privilege to give you during that period is perhaps the most eloquent evidence. As one reviews the accomplishment of these years, it would seem as

though the impossible had been done. No one but you could have done it. Your knowledge of the subject, your wisdom in attacking it, your persistence, your persuasiveness, your tactfulness, your courage, and, above all, your modesty and your complete self-effacement—these factors all combined have enabled you to gather about yourself supporting groups throughout this country and in other countries, and to become the outstanding leader in this field which you have been for many years. I rejoice with you in what has been accomplished.

I am happy to have been one of your silent partners. I count it a privilege to turn now from the rôle of silence and proclaim from the housetops your achievements and my high regard and sincere affection for you. Please accept this well deserved tribute from one who is proud to call himself your friend.

Very sincerely,

JOHN D. ROCKEFELLER, JR. (*Applause.*)

The first speaker on the program this evening is Dr. Wilbur A. Sawyer, Director of the International Health Division of the Rockefeller Foundation. Dr. Sawyer has worked with Dr. Snow almost from the beginning of his public health career in California. It is hoped he will tell us a little about those early days when Dr. Snow was formulating his social hygiene objectives and reaching out first in California, and then throughout the rest of the country, toward their fulfillment.

Dr. Sawyer. (*Applause.*)

DR. WILBUR A. SAWYER:  
Mr. Toastmaster, Dr. and Mrs. Snow, Ladies and Gentlemen:

The modest hero of this occasion may not enjoy hearing himself publicly analyzed and appreciated, but there should be some compensation in observing the pleasure we take in reviewing his successes and expressing our personal feeling toward him. My comments will be on the earliest period of his rich professional life, the years in California before he came east in 1913.

Even in the high school,



DR. SAWYER

Dr. Snow showed his love for science and his indomitable persistence. The biology and chemistry were taught there entirely out of text books, but Dr. Snow and an adventure-some teacher went down into the basement and extemporized a laboratory, and working in that laboratory enabled Dr. Snow to pass the entrance examinations for Stanford University in both physiology and biology.

Then, a few years later, at Stanford University, Dr. Snow was working in the physiological laboratory and was called upon by President David Starr Jordan, who brought with him a precious package. His pet monkey had eaten his wife's flypaper and had passed on (*laughter*), and President Jordan thought that Dr. Snow would like the skeleton. A few days later he came back to see the result, and asked Dr. Snow how he had succeeded in cleaning the bones so perfectly and fitting them all in their proper places. Dr. Snow said: "Oh, I buried it in an anthill and let the ants do the work." (*Laughter.*)

Years after, when Dr. Snow's reputation for putting willing hands to work was well recognized, he would overhear on the campus the remark, "Why don't you do your work the way Dr. Snow does? Let the ants do it."

Now, as one of the ants I can say that the ants enjoyed doing work for Dr. Snow because they always knew he was working twice as hard himself.

Dr. Snow graduated from Cooper Medical College in San Francisco in 1900 and then served a year as university physician at Stanford. The organization and sympathetic supervision of the medical care of the students at Palo Alto were early evidence of his interest in community health. Nevertheless he spent the following year at Johns Hopkins in post-graduate study of ophthalmology. But from then on we find no sign of uncertainty of mission, for he unswervingly and unsparingly devoted himself to service in the field of public health.

For seven years after his return from Johns Hopkins he taught public health at Stanford. To give realism to his teaching and gain practical experience for his students and himself Dr. Snow volunteered to serve as deputy county health officer for the region near the University and also as

dollar-a-year epidemiologist for the California State Board of Health. During this university period of his career Dr. Snow became increasingly convinced that popular education was indispensable to progress in public health. In addition to the conventional educational activities, he set up a unique sanitation exhibit in a railway car and he and his associates traveled, lectured, and demonstrated.

Dr. Snow's march from local to international interests and influence was perhaps started, and at least accelerated, by attendance at various health meetings in Washington in 1908, including the International Tuberculosis Conference. Beginning in 1909 he was a moving spirit in the creation and development of the California Association for the Study and Prevention of Syphilis and Gonococcus Infections, an organization which declared its intention to place these maladies among the infectious diseases, where they belonged, and to accustom the public to hear and speak of them without embarrassment and thus to drag them into the light.

The opportunity to put his convictions to a test came to Dr. Snow in the middle of 1909, when he was made Secretary and Executive Officer of the California State Board of Health, a position which he held until December, 1913. From the beginning he departed from tradition and invaded neglected fields. Tuberculosis drew his fire, but it was the venereal diseases which called loudest to battle. His State Board of Health was the first in America to require the reporting of syphilis and gonococcus infections. This was done by a resolution passed on October 1, 1910, and effective on the following January first. To insure secrecy, reporting by number instead of name was specified. With the object of coordinating the effort of all public health organizations and agencies in California he participated in the creation of the California Public Health League and served as its first Secretary-Treasurer. Here we see the forerunner of our National Health Council.

If one were to specify the years that contributed most to the development of Dr. Snow for his national rôle, 1912 would be among them. In that year he was sent to Europe by the State Board of Health to study methods of disease prevention. He looked into the latest processes which Germany had to

offer for the purification of water supplies. He visited Hamburg and investigated the system of venereal disease control through the segregation of prostitutes, and became convinced of the futility of the method. He also paused to enquire into health insurance in England. On his return to America he attended the International Congress on Hygiene and Demography and read a paper for that social hygiene pioneer, Dr. Prince Morrow, who was too ill to do more than make the introductory remarks. During the same year he was elected President of the Association of State and Provincial Boards of Health.

In 1913, the last year of my narrative, he attended the meeting in Buffalo at which it was decided to fuse the existing social hygiene organizations into a single powerful society, the American Social Hygiene Association. To guide this new organization Dr. Snow was called away from California.

My close association with Dr. Snow began in 1910, when I became part-time director of the Hygienic Laboratory of the California State Board of Health. It was he who persuaded me in the following year to give up my university duties and medical practice and cross the Rubicon which flows between part-time activity and the real profession of public health. Those who have come under his spell, as I did, know of his devotion to public health, his deep respect for science and the power of education, and his friendliness toward those who serve under him, and understand why he has always had such a following and so wide a success.

In offering congratulations on Dr. Snow's career, I am extending them not to him alone, but also to one who has been a source of inspiration and strength from the beginning,—Mrs. Snow. May they long continue to experience signal successes and enjoy the satisfaction of rich accomplishment for the welfare of man. (*Applause.*)

TOASTMASTER IRELAND: Another one of Dr. Snow's accomplishments has come to light: I have just found out that he was the original dollar-a-year man. (*Laughter.*)

The second speaker on this program is Mr. Jerome D. Greene, Secretary of the Harvard Corporation. Mr. Greene was a fellow member, with Dr. Snow, of the first Board of

Directors and also of the Executive Committee of the American Social Hygiene Association. Later, he was Treasurer. He has had, therefore, a unique opportunity to observe Dr. Snow's activities as the leader of the American Social Hygiene Association from its infancy.

It is hoped Mr. Greene will give us an estimate of the part Dr. Snow has played in building the social hygiene movement on sound principles and putting these principles into effective operation on a nation-wide scale.

Mr. Greene. (*Applause.*)

MR. JEROME D. GREENE: Mr. Toastmaster, Dr. and Mrs. Snow, Ladies and Gentlemen:

Warned by the trend of the Toastmaster's opening remarks I drew from my pocket a sheaf of papers, intending to reinforce the effort which I am to make on this occasion, and I find myself looking at the seating list for the dinner for Dr. William F. Snow. It has occurred to me that far more eloquent than the papers which I have subsequently discovered under that list would be the list of people who are here tonight. That, surely, is the quintessence of tribute which we all are paying to Dr. Snow this evening.

However, you are all here, you see each other, and you have the list, so I shall not burden you with that eloquent statement.

The profoundest and happiest satisfactions in life are reserved, I am sure, for those whose initiative and leadership have been given to successful movements for human betterment. Their chief reward is the realization that untold numbers of their fellow-creatures have thus been saved from



MR. GREENE

suffering and death or have had their lives made happier and better. The recognition of such services is fitting and proper; but from the standpoint of those who have performed them it can only be a gratifying incident of service successfully rendered. One may even surmise that the articulate gratitude of a thousand or a million conscious beneficiaries would arouse in the breast of an unselfish benefactor something different from, perhaps something less than, the thrill he derives from seeing vast numbers of his fellow-men enjoying the fruits of his efforts with no consciousness whatsoever of the source of their well-being. The engineer whose vision has imagined and whose genius has created a great bridge probably finds his chief satisfaction not in public acclaim, however gratifying, but rather in his observation of the multitude actually and unthinkingly using the bridge, each man to his own profit and convenience. There must be the unique thrill of public service.

If, therefore, we are met to give thanks and honor to Dr. Snow tonight, we are met, over and above that, to give him our congratulations on the visible, the invisible, and the far-reaching results of his distinguished service. And in doing this we are also indulging our own irrepressible, if not selfish, desire to let him know what we think of him, however painful that may prove to him!

What is the service for which we wish to honor and congratulate Dr. Snow tonight? Let me try to define it as nothing less stupendous than changing a public attitude—I might say a world-wide public attitude—toward sex in its relation to health and disease and to individual and social well-being. The problem had previously been envisaged as one pertaining chiefly to religion and morals. The trouble with that was not that religion and morals were wrong on the subject but that, being right, they had left almost untouched the terrifically urgent and practical problem of how to deal with the consequences of their violation—consequences expressed not only in sin but also in human misery far removed, in its incidence, from its original cause. And for those who were the victims of their own delinquency, restored health as a factor in moral rehabilitation had far too little recognition by the exponents



of a religion that lays no less stress on redemption than on retribution.

That change of public attitude was the task set before the American Social Hygiene Association upon its formation in 1913. It stands now as an almost unique achievement. The need had been foreseen by Dr. Morrow, President Jordan, President Eliot, and other leaders; but the movement had been long delayed. The time was propitious for a fresh emphasis on its medical, public health, educational, and legal aspects, all hitherto neglected. The epoch-making work of Wassermann and Ehrlich was beginning to arm the medical profession with efficient methods of diagnosis and therapy at the very moment when the public were to be educated to the realization that syphilis, quite apart from its moral implications, was a problem in public health just as much as any other disease of wide prevalence. It was as irrational to ignore that prevalence as it would be to ignore typhoid fever, pneumonia, or cancer.

This gathering is itself evidence of the success of the efforts of the American Social Hygiene Association, and Dr. Snow's part in that accomplishment will be the theme of all the speakers here tonight. I shall confine my remarks to three episodes in that part of Dr. Snow's career which has come under my observation.

The first was at Buffalo when the Association was organized. No decision had been made in advance as to who was to head it. The situation might have been seriously complicated by the fact that the organization was in effect a merger of two predecessors, one pertaining primarily to the medical and educational aspects of social hygiene and the other to law enforcement. All these aspects were to constitute the field of work for the new association. Dr. Snow was identified with those first mentioned and the late James Bronson Reynolds with the last. A dual organization was adopted, with Dr. Snow as General Secretary. It took a big man, with loyal cooperation, to make that arrangement work, and Dr. Snow made it work during the crucial period when the Association was feeling its way. The explanation of his success is to be found in the qualities which we have come

here to honor, an utter disregard of self, of personal prestige—of anything but the cause he served.

The second episode occurred during the Great War, when American troops were on the Mexican border. A shocking condition of disease and prostitution had developed, fostered by the discredited but fixed traditions of military service. Dr. Snow asked me one day to accompany him and Mr. Brockman of the Y.M.C.A. to Washington to interview the Secretary of War, Mr. Newton D. Baker. The appointment was made and we went. Mr. Baker listened to our story of the Mexican border with the keen and open mind which is his outstanding characteristic. The whole subject was new to him and he admitted the fact with an amusing and disarming candor. It was a side of war, and therefore of his business, that had not occurred to him. But when we had finished our story he had grasped it completely, with all its immediate implications.

What was to be done? We suggested a survey of the camps on the Mexican border. Who was to make it? Raymond Fosdick was suggested. Would he be willing? Probably, if the Secretary of War asked him.

Mr. Fosdick made the survey, and the needful measures were taken on the Mexican border. The consequences were serious for Mr. Fosdick, for Mr. Baker, being a tenacious man, would not let go of him, and he later became Chairman of the Commission on Training Camp Activities. But with that great service to American troops in the war we are not at this moment concerned. I have told the story because that was how Dr. Snow and so many of his trained associates got into the war and, having done so, wrote a new page in the history of military hygiene.

The third episode is no less enlightening with regard to Dr. Snow's qualities. He had entered the army and donned the uniform of a lieutenant colonel. On his first trip to his office in Washington he drove his car across Rock Creek Bridge, which was guarded by sentries at each end. One of the sentries made a curious and unfamiliar gesture. Having a sensitive conscience and doubtless having developed a wholesome respect for the traffic police, Colonel Snow promptly stopped his car and asked what was the trouble?

There was no trouble; the soldier had simply saluted his superior officer.

Ladies and gentlemen, that is exactly what we are doing tonight.

Dr. Snow, we salute you! (*Applause.*)

TOASTMASTER IRELAND: Owing to the extensive pioneering work in social hygiene carried on throughout the country by Dr. Snow and his colleagues in the American Social Hygiene Association during the years from 1914 to 1917, the people of the United States were ready when this country entered the great war to support a war-time social hygiene program, the like of which had never been thought of, much less attempted by any country at any time in the history of the world.

Dr. Snow was mainly responsible for the adoption of this social hygiene program by the government. It was therefore natural, when the General Medical Board of the Council of National Defense was organized early in 1917, that Dr. Snow should be drafted as its Secretary and as Chairman of its Committee on Venereal Diseases. He was then in a powerful position to propose and have adopted the unique social hygiene program heretofore referred to.

This program required action by the President, the Congress, the Secretaries of War, Navy, and the Treasury, and by the various departments and bureaus under their control. With the adoption of this program Dr. Snow came into the medical corps of the Army, and, as Colonel Snow, helped materially to put this program into practical and efficient operation.

Following the Armistice and the beginning of demobilization of the allied armies, it seemed most desirable to Dr. Snow and his colleagues in the other countries to meet and agree, if possible, upon a peace time program for the control of venereal diseases, based on the experience gained during the War in attempting to protect the armed forces from these diseases.

The League of Red Cross Societies, therefore, added a section on venereal disease in the medical conference which it called in April, 1919, at Cannes. Dr. Snow served as author

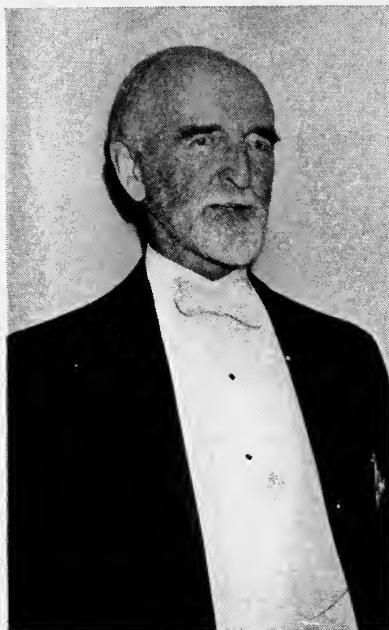
and Chairman of this section, which outlined in its report to the Conference the principles which underlie a comprehensive campaign against the venereal diseases.

The proposals for the establishment of a central bureau to promote the application of these principles, the initial work of such a bureau, and recommendations for popular propaganda for methods of preventing venereal disease went before the Convention of the International Red Cross in Geneva.

We are most fortunate and happy to have in this country at the present time, and with us this evening, Sir Arthur Newsholme, one of the distinguished public health authorities of Great Britain, who served at this Cannes Conference with Dr. Snow and who has since had many opportunities to observe Dr. Snow in his activities both at home and abroad.

We hope that Sir Arthur will give us his impressions of Dr. Snow's international contribution to the field of public health, with special reference to the prevention and control of venereal diseases.

Sir Arthur Newsholme. (*Applause.*)



SIR ARTHUR NEWSHOLME

SIR ARTHUR NEWSHOLME:  
Mr. Toastmaster, Ladies and  
Gentlemen, Dr. and Mrs.  
Snow:

I am proud to be present here this evening and to be able to add my testimony to the national and international value of Dr. Snow's work. I am also particularly glad that Mrs. Snow's name has been associated with this toast, twice already, for in my experience, as in his, I know that the domestic help, or rather, the help which one gets from one's better half, is really an indispensable condition

of full success. In his case it has been so, I am sure.

Had it been known that I was coming over here I should have been in a position today to convey to him messages from British collaborators of Dr. Snow, who have profited by his experience and who hold him in very high respect. However, as I know what their feelings are, I feel that I can, without such special messages, convey our British congratulations to Dr. Snow and through him to the Social Hygiene Association for the magnificent work which they have done.

My personal knowledge of Dr. Snow began in the year 1912 when he called upon me in London. He was then a health officer, as you have already learned, in California, and a member of the staff of Stanford University. We spent an evening together, and as far as my recollection goes, we were chiefly discussing plague and the gopher—I think you call it—the ground squirrel of the western states—and to me it was a most profitable discussion. I found then, as I have found throughout my long life, that I learn more from my junior colleagues than from my seniors.

In 1919 I met Dr. Snow at the Cannes Congress. At that Congress an attempt was being made, and a partially successful attempt, to preserve the enthusiasm and eagerness of a multitude of voluntary workers, especially American workers, who had become mobilized during the War. Mr. Davison and Dr. Farrand and others asked: Why should that force be wasted? Why should it not be adapted for peace purposes?—for the enemies of health in peace time are much more numerous than the casualties of warfare.

At the Congress Dr. Snow, in virtue of his previous work, was elected Acting Chairman of the Committee dealing with venereal diseases. That Committee formulated most important resolutions. Those resolutions were passed on to various small and large European countries, and have had great influence in bringing up towards the level of the western countries the precautionary measures against venereal diseases.

Dr. Snow took an active part in the formation of the International Society for Combating Venereal Diseases, and I think I am stating what is an open secret—that he greatly influenced President Wilson in insisting on putting into the Covenant of the League of Nations that the supervision of the traffic in women and girls for immoral purposes should

be placed under the League of Nations. In carrying out that commission both Dr. Snow and Mr. Bascom Johnson did magnificent work in various countries. It was work largely hidden from the public eye, but none the less extremely valuable.

Dr. Snow's chief work, of course, has been in connection with the formation and the establishment of this Social Hygiene Association in this country. He has been the soul of that Association throughout, and he has been the John the Baptist who, by slow and careful progress against tremendous difficulties, so advanced public opinion that the veil has been drawn from the prudish secrecy, which previously did not allow Americans to talk about syphilis and gonorrhea. All of this has led to action by the Federal Government, with substantial money grants which undoubtedly will enable a vastly greater amount of administrative work to be undertaken for the treatment and the prevention of venereal diseases.

This pioneer work has been of the utmost importance. America has a great tradition in the reduction of tuberculosis,—greater, I believe, than that in any other country. There are present here, on both sides of me, men who took a leading part in that campaign and have converted the chief enemy of mankind in disease into a minor enemy. It is largely a defeated enemy. That defeat might easily be turned into a rout and may even, in the course of not many years, be followed by the practical extermination of tuberculosis.

Why should that be so any more in the case of one chronic infection (tuberculosis) than another (syphilis)? The control of syphilis is completely manageable, given united, continuous, and concerted effort. It is more manageable than even tuberculosis. America has done one; in the other it has not done hitherto as much as some other countries, one of which my national modesty forbids me to mention. But the time is at hand for the abolition of venereal diseases.

That leads me to refer to what England did. We began rather early in 1913 when the Royal Commission was appointed. That Commission reported early in 1915, recommending drastic action. No doubt we were helped by the damage which venereal diseases were doing during the War.

I had to undertake the arrangement for the provision of

clinics, which were established very rapidly all over the country in every populous center. At these clinics not only were diagnostic facilities provided, such as you are providing very largely in most of the states, but also free treatment to every applicant, irrespective of financial position; whether the patient applying was a millionaire or a pauper it mattered not—he was entitled to free confidential treatment in view of the urgency and the frightful damage which resulted from neglect of this disease.

We helped on the matter also by passing an enactment which forbade the advertising of remedies for venereal diseases, and which forbade the treatment of venereal disease by a non-medical man or woman. In that way vast good has been done. Before we started we took the trouble of getting the opinion of the British Medical Association, which represents the majority of the general practitioners in medicine in Great Britain, and after much consideration they passed almost unanimously a resolution giving their blessing to these drastic proposals of the Government and endorsing the gratuitous treatment of everybody for venereal diseases. That was a remarkable step to take. It showed true altruism, patriotism, and a statesmanlike attitude of mind which I think has seldom been equaled.

Will the American Medical Association do anything similar? Probably not; but if not, then I put it this way: it is up to the organized medical profession in the United States to substitute something else which will be equally effective. Otherwise the implication of allowing disease to go uncontrolled, of allowing victims to die and to suffer untold misery—victims who might have been saved from that suffering had the medical profession organized itself and secured the effective diagnosis and treatment of every suspected or known case—will be upon them.

I have no doubt that American methods may differ from English methods. Undoubtedly, the medical profession, without which this conquest cannot be achieved, will rise to the occasion and you social workers in America, in the next few years, will be foremost in this connection as you have been in connection with tuberculosis. Until that time arrives I do not think that Dr. Snow will be allowed, or will be willing, to put down his sword and to cease fighting. Dr. Snow

is of the persistent, dogged type, and he will go on until victory comes, and only then will he be willing to cease his labors and sing his *Nunc Dimittis*. In doing so he will be able to say:

"Now lettest thou thy servant depart in peace, for mine eyes have seen thy salvation." (*Applause.*)

TOASTMASTER IRELAND: The next speaker is Miss Katharine F. Lenroot, Director of the United States Children's Bureau, who has had opportunity to observe Dr. Snow's activities in that special work. We hope Miss Lenroot will speak on the international activities of Dr. Snow, which she, as an official representative of our country to the Advisory Committee on Social Questions of the League of Nations, has had the unique opportunity to evaluate.

I refer to the International Enquiry and Report of the Special Body of Experts, of which Dr. Snow was Chairman, to study the international traffic in women and children in Europe and America.

Miss Lenroot. (*Applause.*)



MISS LENROOT

MISS KATHARINE F. LENROOT: Mr. Toastmaster, distinguished guests, Dr. and Mrs. Snow, and friends:

Mr. Greene has already spoken of Dr. Snow's remarkable achievements in changing public attitudes.

I recall that in his book, *Adventures of Ideas*, Alfred North Whitehead says: "But a general idea is always a danger to the existing order . . . At any moment the smouldering unhappiness of mankind may seize on some such program and initiate a period of rapid change guided by the list of its doctrines."



The story of Dr. Snow's influence upon the world-wide attempt to translate into practical and effective action moral repudiation of the traffic in the bodies of women and children must be traced against a background which includes the heroic work of Josephine Shaw Butler, in England, and Mme. Avril de Ste. Croix, of France, who was an active participant in the changes of half a century. But it also takes us much nearer home. In looking over the early files of the Children's Bureau, I find letters exchanged in 1915 and 1916 between Miss Lathrop and Dr. Snow. These letters have reference, among other things, to a resolution to be presented to a Pan-American conference, looking toward the development of an international agreement "for the suppression of the trade in women, the reduction of venereal diseases, and the ultimate elimination of the physical and moral and social ills resulting therefrom." Characteristic of both Miss Lathrop and Dr. Snow is a letter inviting Miss Lathrop to be a guest of the Snows, in which the comment is made, "If you can come to our house, I would be glad to have you come at any time and will be prepared to see your entire time spent in conferences with people you want to see and not in visiting."

Opportunity for much closer association between Dr. Snow and Miss Lathrop's successor grew out of the fact that in the Covenant of the League of Nations there was provided for the first time international machinery for putting into effect collaboration between governments under international conventions of 1904 and 1910, soon to be followed by a convention of 1921 and later by one concluded in 1933. Grace Abbott was designated by the United States Government to serve on the Advisory Committee to the League of Nations on Traffic in Women and Children, later included with a committee on child welfare in a "Commission for the Protection and Welfare of Children and Young People." The work of the Commission is now carried on by the Advisory Committee on Social Questions. To these committees, which meet at least once a year, the Social Questions Section of the League of Nations has served as Secretariat.

At the second meeting of the Committee on Traffic in Women and Children, in 1923, Miss Abbott proposed that an investigation be undertaken through the Secretariat of the

League of Nations, in order to ascertain certain definitely outlined information as to the extent and character of international traffic. In her memorandum, which by action of the Committee, approved by the Council and Assembly of the League, was made the basis of the inquiry, she pointed out that collection of information from official sources and personal and unofficial investigation would be required, and that such investigations were "difficult, not to say dangerous, but absolutely necessary." Through the initiative of Miss Abbott and the active interest of Mr. Fosdick, Dr. Snow, and others, funds for financing the study were made available by the Bureau of Social Hygiene, which later financed an extension of the inquiry to Oriental countries.

There is in the files of the Children's Bureau correspondence between Miss Abbott and Dr. Snow with reference to the Body of Experts Appointed by the League of Nations to Conduct the Enquiry, in which Dr. Snow's characteristic modesty with reference to his own qualifications for the position of Chairman of the Commission, to which he was drafted, was expressed. At the 1924 session of the Advisory Committee, Dr. Snow represented Miss Abbott, who was unable to attend, and came into contact for the first time with some of the officials of the League with whom he was to be so closely associated. The head of the Social Questions Section wrote Miss Abbott, "Dr. Snow, as you have heard by now, did magnificently. He is a very wonderful individual."

The first Enquiry represented actual field investigations in 28 European and American countries, under the direction of Major Bascom Johnson. Later, Major Johnson served as chairman of a Travelling Commission which studied the situation in Oriental countries. Dr. Snow personally visited several of the countries.

No more difficult problem for the subject of an international investigation in the first years of the League of Nations could be imagined. Scientifically, frankly, courageously, Dr. Snow and his associates attacked the problem. It was agreed at the outset that the study would be done in cooperation with the nations and without arousing antagonism. Not a single country refused to cooperate or to agree to inquiries on the

spot. The report is a masterpiece of clear, authoritative, and convincing evidence regarding the exploitation of women and children and the economic and social factors in which it lies deeply imbedded. The direct connection between the existence of licensed houses and international traffic is made clear. The lines of future action laid down in the report have their value as guides to international and national effort.

No better point of reference by which to measure the influence of Dr. Snow's work in developing and directing this inquiry can be found than the deliberations of the Advisory Committee on Social Questions in its regular meeting held last April in Geneva. The committee had before it the report of a conference participated in by representatives of nine countries, held in Bandoeng, Java, last February, as the direct outgrowth of the extension of the Enquiry to Eastern Countries to which reference has been made. This conference declared in favor of the abolition of licensed houses as a final goal, and recommended the establishment of a League of Nations bureau in the East, to receive regular reports from all participating countries in regard to traffic in women and children.

Progress in ratification of international conventions and agreements was reported to the April, 1937, meeting of the Advisory Committee. The Committee, since 1934, has been proceeding on the basis of the general objective of the abolition of licensed or tolerated houses in the different countries. The series of conventions and agreements will be greatly strengthened by a draft convention now far advanced toward its final stages, which is based squarely on the abolitionist principle. Laws abolishing such houses have been adopted or are under consideration in countries which were shown by the League of Nations studies to be particular centers of traffic. Among the major developments reported were the far-reaching measures under consideration in France, the provisions of which it was stated would soon lead to the closing of licensed houses in that country. The committee felt that definite progress in the abolition of licensed or tolerated houses was being made and that the developments within the last year "constituted the greatest advance

achieved in any one twelve months since the beginning of the abolitionist movement." This estimate of the situation was based, in the language of the report of the Committee's work, "not only on the progress in the countries mentioned above, but also on the declaration in favor of abolition as a final goal made by the Conference at Bandoeng, the Committee being of the opinion that the declaration of such a principle and objective would have been impossible even a few years ago."

When some discriminating historian writes the history of the League of Nations during the period from its establishment to the present, perhaps Miss Abbott's clear grasp of the service which the League might render in illuminating the darkness of the most hideous form of human slavery, the wisdom and effectiveness of Dr. Snow and his co-workers in developing the project, and the action taken by Governments on the basis of the facts brought to light, will stand out as one of the most useful and significant demonstrations of the possibility of international action through dispassionate study and voluntary cooperation. (*Applause.*)

TOASTMASTER IRELAND: Dr. Livingston Farrand has been known throughout the United States for many years on account of his interest in public health. He has just retired from the presidency of Cornell University, a position he has held with distinction since 1921.

Regardless of his other duties, Dr. Farrand has never been able to resist the call of his many friends and admirers to take a leading part in the promotion of public health. He has consented to take part in this symposium in honor of Dr. Snow, and to tell us something of the efforts which he and Dr. Snow have made to coordinate and consolidate the activities of voluntary health agencies in the interests of economy and efficiency, and of the part Dr. Snow played in organizing the All-America Conference on Venereal Diseases, which was held in Washington in December, 1920.

At that time Dr. Farrand was Chairman of the Central Committee of the American Red Cross, and in that position he made possible in a very material way the 1920 Conference.

Dr. Farrand. (*Applause.*)

DR. LIVINGSTON FARRAND:  
Mr. Toastmaster, Dr. and  
Mrs. Snow, and friends of Dr.  
Snow:

I am very sure that I have never participated in an occasion of this kind with more complete satisfaction than I have in this tribute to our guest of honor tonight, and for reasons which I think are in the minds of all who are gathered here.

First, that characteristic which has been mentioned by, I think, every speaker tonight; namely, a degree of self-effacement which is self-such as the man whom we dom seen in any great leader hail this evening. There is also another trait which has always aroused my especial admiration, and that is his dauntless persistence in the face of discouragement; and, my friends, no man has ever dealt with a phase of public service that offered more baffling discouragement than Dr. Snow has met in this campaign against venereal diseases.

There are others here who are far more competent than I to speak of his specific service in that particular field, and I am tempted to go back and recall certain of those earlier days before Dr. Snow had come to New York, and before he had taken on the active charge of the Social Hygiene Association. I remember very well indeed the way we in New York and on the Atlantic Coast had our attention called to the extraordinary work that was being done in California by the State Department of Health, and we were told that a young man named Snow was responsible for it.

In the tuberculosis campaign, in which I happened at the moment to be particularly concerned, we drew an inspiration from his work on the Pacific Coast which was and which still is significant in the work that is being done in this country.



DR. FARRAND

In other words, and for that reason, I find myself thinking tonight more of Dr. Snow's background, of Dr. Snow's breadth of view in his early work, and of that training that he had, to which Dr. Sawyer made such interesting allusion.

I am thinking that it is that breadth of conception and experience which has given the chief effectiveness to the work which he has done in his chosen field of venereal disease. The fact came out very strikingly directly after the War. Sir Arthur Newsholme has spoken of that spirit notable in this country, and I think equally so in European countries, when the Armistice came and everyone tried to go back to his previous occupation and interests, but when there was an insistent impulse to try to capture and hold that spirit of idealism that had been aroused.

In this country we had never before seen a time when men, women and children, in the crisis of war, all thought of just one thing—what was it that they could do to help in a time of national peril? They could not bear to give up that effort with the mere cessation of active hostilities. At that time it was my fortune to be in Washington, connected with the Red Cross, and I remember—how well and vividly I remember—how Dr. Snow came to me to discuss whether it might not be possible to take these various voluntary health movements that were after all aspects of one great effort, and bring them together with a united front for the achievement of improved vigor and health for the American people.

The result of the discussions that were held at that time with varied leaders in these different fields—representatives of the American Public Health Association, the National Tuberculosis Association, the Social Hygiene Association, the Child Health Association, the Committee for Mental Hygiene, and others, was the organization of the National Health Council.

My friends, I say advisedly, for I think I know, that that Council, which has continued to this day a clearing house of information and a means of elimination of waste effort, was due more to the inspiration and energy of Dr. Snow than to any other person. (*Applause.*)

To me Dr. Snow is a pioneer in the best sense of that term,

and by that I mean that his thrust into the previously unmapped field of venereal disease was no haphazard thing. It was nothing that was undertaken in the spirit of mere scientific adventure. It was a well considered effort based on experience, along proven lines, against great difficulties; and he has blazed a trail which has led to the outlook that we now have, where we look out over the country with great encouragement and with great hope.

We pay our tribute to him tonight with full enthusiasm and wish him many years to come of vigorous leadership. (*Applause.*)

TOASTMASTER IRELAND: The next speaker is Surgeon General Parran of the United States Public Health Service, whose brilliant career in public health work is internationally known. We trust he will see fit to state in his remarks his opinion of the relationship of voluntary social hygiene organizations to official activities.

General Parran. (*Applause.*)

SURGEON GENERAL THOMAS PARRAN: Mr. Toastmaster, Dr. and Mrs. Snow, and friends of Dr. Snow:

I cannot tell you the genuine delight it gives me to be here and to add my small word of tribute to the praise which we are very justly heaping upon the man whom we are here to honor.

The rich harvest in public sentiment and public action against the venereal diseases which we are reaping today comes from the seeds which Dr. Snow has sown during this past quarter of a century. If there was a need for an



GENERAL PARRAN

American Social Hygiene Association twenty-five years ago, there is today a much greater need. The increase in interest on the part of the public, the increased participation of Governments through their health departments in dealing with this problem, magnify rather than minimize the necessity for one strong national voluntary agency to continue and extend its influence and leadership in this field.

One of the distinctive phases of public health work in this country has been the influence of its voluntary and philanthropic health agencies, and may their stature grow greater! One criticism which has been made, however, of public health work in this country is that we have many organizations and much public action, but that the influence of public and private agencies does not extend down to the individual cities. I think there is some merit in that criticism in that we have more officers than we have privates in the ranks. I hope for the day in this field, and in other phases of public health which are of great national concern, to see the interest of every citizen—every intelligent citizen in every community—enlisted in support of a united action on the part of the individual citizens and their agencies of government to conquer these and other health plagues which beset us.

Dr. Snow, I cannot refrain from adding a personal word of tribute to you. I cannot refrain from saying to your friends how much my acquaintance with you has meant to me, how much the inspiration of your life and work has encouraged me. I am delighted to be here to add this small word of very sincere gratitude for what you have meant to the things with which all of us are concerned. (*Applause.*)

TOASTMASTER IRELAND: The next speaker is Dr. John H. Stokes, teacher in the Medical School of the University of Pennsylvania and a syphilologist of international reputation. I am sure Dr. Stokes will be able to paint for us an interesting picture of social hygiene as it is today.

Dr. Stokes. (*Applause.*)





OBER 1, 1937

Dr. Stokes, General Parran, Dr. Farrand, Professor Thomas M. Balliet



DR. JOHN H. STOKES: Mr. Toastmaster, Dr. and Mrs. Snow, ladies and gentlemen: I shall do nothing of the sort. (*Laughter.*) There is the epitome of social hygiene as it is today; gaze upon him and the lady who has sat beside him and worked beside him through life. (*Applause.*)

I was told in a letter received at the last moment that I might have carte blanche in what I chose to say, and I choose to speak personally. The opportunity to speak in personal appreciation and praise of a living colleague rather than to his memory is too precious to be committed to merely casual words. I have the privilege of personalizing my remarks, and I seize it eagerly.

I have known Dr. Snow for only twenty-two years, but in that time I have watched with admiring respect a combination of gentle and tactful considerateness with an inflexible persistence in the pursuit of well-considered and right objectives, such as one rarely meets in public or private life. Speaking merely of the hard practicalities, I say it is an astonishing record, that a man should have been able, without direct fiscal endowment and foundation, with only an occasional institutional or individual "angel," through a world catastrophe of war, and not one but several business sloughs of despond, to have guided a volunteer movement in an unpopular field to become a world-wide inspiration and an exemplar.

The personal courage that launched his own and his dependents' future on an uncharted course; the patience and faith to persist in service when props leaned or went out from



DR. STOKES

under; the generosity to help others to their luminous personal distinction, while contentedly wearing the unassuming colors of the background; the vision to resist the rejection of ideals of right conduct at a moment when war-time exigency threatened retrogression into prostitute regulation and the historic disreputabilities of the tolerated bordel and the camp-following—all these with the diplomatic art and magnetic gift which made national and international social and moral history,—these are merely facets in the personality of a most remarkable leader, a truly distinguished public servant.

There is none who does not owe this unassuming, quiet, cheerful man a debt in the name of his children and of himself, for his inflexible insistence that health and morals are one; that there is no lasting public policy to be based on a separation of conduct and its consequences, or on a treatment of the disease without reference to its causal perspective.

It is unusual to meet in one mind direct, unflagging purpose combined with just recognition of the “all concerned,” the collaterals of an issue. Time and again, as I well know, has the gently modulated voice yonder cut across a developing tangent in a committee or in an assembly and brought us up squarely before the issue again, with all fairly heard and duly considered.

The gently modulated voice, too, can suddenly release trumpet tones of command, and speaks over a jaw that can set to a fighting angle.

Great though tonight’s assemblage of his friends, present and absent, may be in testimony of his loveableness, we know that he has enemies and we respect and revere him for them.

I have had the good fortune to feel the influence of Dr. Snow in varied personal relations. He fathered me in social hygiene; printed my first, my infant utterances. He sustained me in critical moments, not one but several. He comforted me in sorrow.

I would have him know, as many another one in this audience would, that we do not merely respect and admire—we love him—for of such is the Kingdom of Hearts. (*Applause.*)

TOASTMASTER IRELAND: Colonel William Freeman Snow: leader in public health and social hygiene in this country for many years; a benefactor of mankind; a patriotic citizen who has served his country well; a modest but fearless gentleman—I think it can be truly said that from the bottoms of their hearts have his friends spoken.

I give you Colonel Snow! (*Applause.*)

DR. WILLIAM FREEMAN SNOW: I have had many surprises in my life, but never one equal to this experience of having you come together in my honor and of hearing you addressed on such an occasion by these distinguished world leaders of thought and action in public health, medicine, and education.

I am sure you do not expect me to comment upon anything these good friends of mine have found it possible to say as a result of their persistent search for evidence of my activities during the stirring times through which it has been my good fortune to live; nor would you expect me to destroy by use of "inside information" the illusion of importance and originality which they have kindly thrown around my efforts.

I am well aware that all of you belong to the present day membership of the Innumerable Company which has moved steadily through the generations, discovering, applying, improving the opportunities for long life and sound health. I am grateful for your belief that I too may be counted a member of this changing company.

Although, as you know now, I was trained in the medical profession to be an ophthalmologist and have devoted a large part of my life to public health administration and education, I am glad that social hygiene activities have been emphasized this evening. The speakers have painted a vivid picture of the various divisions of this movement which now stands at the beginning of its period of greatest usefulness since it was organized twenty-four years ago.

Doubtless the question brought to mind by the American Legion Convention last week is the one uppermost tonight—"Where do we go from here?"

It seems to me that the answer should be: Straight forward on the broad three-lane highway which can now be built

over the trail which the pioneers of many nations have blazed.

The particular fight against syphilis has been galvanized into nation-wide action by the Surgeon General's special conference on Venereal Disease Control Work. The program is being broadcast throughout the country by lectures, magazines, the public press, and now the radio. It is reasonable to predict that civilian forces are at last off on their final irresistible march to success in placing this disease on the list of those under effective control throughout the nation. Because the promise of doing this in a comparatively few years is so great, it seems to me that the American Social Hygiene Association is very properly emphasizing and concentrating upon the national anti-syphilis campaign. Inevitably those interested in the battle against this infection were drawn together with those who know and are working on the problems of gonococcal infections. And both of these groups joined forces with still others who wish to secure safe and helpful environments for homes and families, and good heredity for the children of each generation, together with social hygiene education for them as they go forward to marriage and parenthood.

Charles W. Eliot spoke much of "The Normal Satisfaction of Family Life." Together with my life-long friend, counselor, and companion—the lady who sits at my right—I have had the experience of guiding our parents through the grandparent stage; and now we are being gently restrained from spoiling our own children's children. In the course of these experiences we have observed the verity of the broad vision these pioneers had of the whole movement and of the importance they attached to conserving the family as the social unit of community and national life. It is my hope that as the years pass, the program will continue to include all these interrelated activities for which it was set up and tied in with reverential attitudes and religious beliefs.

Fortunately, the Association is assured of public confidence and wise guidance from its governing board. The staff is unexcelled in loyalty, resourcefulness, and experience for the tasks which lie ahead. It is really in their recognition that this dinner is justified; and it is in behalf of them and of col-

laborating groups throughout the country that I would accept the tribute so generously paid.

As to my future—for a time, as General Director, I hope now to run alongside the members of this team, like the torch bearer in a relay race, about to hand over his token to the next runner. Subsequently, I shall try to serve the new players, both official and voluntary, as a counselor and in such ways as ageing arteries and limited strength may dictate.

Deeply interested and happy as I have been in this work with which my name has been so long associated, when the time comes really to retire, I hope to return to some of the other educational problems in health and medicine which have always interested me. I once received a university degree for very promising work in physiologic optics; and I want to justify the confidence of the faculty in my research ability before it is too late. (*Laughter.*) And particularly I want the leisure to study and to re-live with so many dear friends in all parts of the country the experiences of earlier years from which we all drew inspiration and courage.

I shall never forget this occasion. Mrs. Snow and I accept your best wishes and thank you for them. (*Applause.*)

TOASTMASTER IRELAND: One of the most pleasant recollections of my life is my intimate association with the medical profession of this country during the World War. The cream of the profession, by the thousands, came into the service when we entered the World War. That made it possible to give the American soldier the best care and treatment when sick or wounded that any soldier of any country in any war ever received. We actually had thousands of these fine professional men in France, and those who were not in France were over here working, making it possible for us to carry on.

I am sure you will not think that I make an invidious distinction when I mention three men we had on the other side who carried on the social hygiene work and were the leaders of that work.

First, Colonel Hugh Young, internationally known in his specialty, who was at the head of the Venereal Disease Section of the professional services; and then his two assistants: that splendid man, indefatigable worker, the late George

Walker of Baltimore; and that prince of men, of fine professional attainments, one-time President of this Association, Colonel Edward L. Keyes, who has a message to give you tonight.

Colonel Keyes. (*Applause.*)

DR. EDWARD L. KEYES: It was many years ago, my dear Dr. Snow, that you began the ascent to the seat you fill tonight. I am as aware as any of the speakers who have preceded me that you are in no danger of falling off it. Whatever hoots the fickle crowd may hurl at you, you are seated, we know, in the lap of history, one of God's fools.

You have worked with such clear-visioned men as Eliot, founder of the modern Harvard; Welch, inaugurator of modern medical education in the United States; Biggs, creator of state hygiene in this country. Yours has been a mission more sublime, to cast light upon the darkest places of our civilization.

We were young, you and I, when, a generation ago at Buffalo, I saw you wedded to your task of Social Hygiene. For better, for worse, in sickness and in health, she has ruled you ever since. What must have been the feelings evoked in the generous soul of Mrs. Snow by this temperamental rival, who has demanded so much education, so much chaperonage, so many ounces of prevention and so many pounds of cure, so sharp an eye to keep her from running off into the suppression of prostitution, or the mere control of syphilis and gonorrhea.

I remember, one day when you must have been having a difficult time with your beloved social hygiene, you laid your hand ever so lightly on my shoulder and asked my counsel—whether you and she could keep on together. I am sure I did not give you the proper answer for I did not know then, as I know now, that a cause, however exalted above the comprehension of the crowd, does not perish so long as one good man, or even the memory of one good man, stands behind it.

When Guizot, the French historian, asked James Russell Lowell, "How long do you think the American Republic will endure?" our Ambassador replied, "So long as the ideals of its founders continue to be dominant."



Bitter true those words are today, and bitter true would be the day when some wave of popular cynicism might engulf the standards you have fought under—standards which are essentially those of civilization itself.

The Babylonian revels of this city in the midst of a tottering world have not, however, shaken and will not shake you. So long as there is battle to be fought against disease; so long as custom supports the filthy greed of pimp and pander; so long as newly wedded innocents are not wholly clear how they shall attain that union for which they have so devoutly prayed; so long as delicious smutty-minded little ones need sublimation, may you be there to guide them.

I have been asked, my dear Dr. Snow, to present this plaque to the most sincere, the most modest, and the most diplomatic man I know.



I hope you will grin a little at the incongruity. For so many years you have been surprisingly successful in keeping blinders on my unbehaving and irreverent eyes. You were, like Tom Platt, an easy boss. I shall be easy on you now.

Nobody but Mrs. Snow and I know how good you are, not even yourself. At this late date and hour I shall not attempt to enlighten you, but, with the esteem of us all, and my affectionate handshake to you, lone guardsman on the ramparts of the world in this seeming twilight of civilization, I hand you, sir, this plaque. An art which we can but envy has inspired Miss Putnam to stamp it with the impress of the soul beneath.

We hope a medal similar to this may be handed to others in their time. When they receive it, I trust they will read in your stamped features here, and learn to imitate, the idealism that has been your inspiration, the sound educated mind that has been your strength, and the true philanthropy, the love of your fellow man, that has been the foundation of your diplomacy.



DR. KEYES

DR. SNOW

## WILLIAM FREEMAN SNOW

### *An Appreciation*

ALAN JOHNSTONE

*Counsel, Special Committee to Investigate Unemployment and Relief,  
U. S. Senate*

Born with a passion for inquiry, he early reduced it to precise method and has so preserved the enthusiasm of his boyhood that he thinks and works with an eagerness that overcomes everything that stands in the way of his search. He was attracted to science and trained as a physician and ophthalmologist. He has applied the scientific method to the most difficult and baffling problems of disease and error and has made men, here and abroad, see, who were blind; lifting veils and removing motes that had obscured and distorted their vision. Over the doorway to one of the universities that he attended is written, "You shall know the truth and the truth shall make you free." At the entrance to its great teaching hospital stands a marble of a Great Teacher with His pierced hands and feet, and on it is carved, "Come unto Me all ye that labor and are heavy laden, and I will give you rest." These things made a deep impres-



AS WE KNOW HIM BEST

sion on Dr. Snow, and he took them with him and has made them real wherever he has gone—which has been far.

He is a leader. His command over the respect and loyalty of those who have known him is founded in his own mastery in his field—public health and social progress. It rests on his wise guidance of thought and conduct in the paths of truth that he has found out. It is based also on his willingness to follow others in any way that promises light. It stands on his courageous willingness to face the facts, whatever they may be, and to follow through on any course to find the truth or to discover error. With equal courage and candor he has been willing to follow, and so has learned, and won the right, to lead. He is tolerant. He has respect for the views or convictions of others. He is not disturbed when friends or associates differ with him. The thoughts of others, whatever they are, he is willing to set in contrast to his own so that in the toleration of other men's minds he may be critical of his own. But this opening of his mind to other men's thoughts has never impaired or impeded his urge for action to put his best and matured thought into accomplishment. To think and to talk while one walks forward, and to advance with a willingness to change the direction though not the objective, is intelligent tolerance.

He is a great sanitarian. He came to maturity at the time of the emergence of the public health movement in America and abroad. He has made his contribution in administration and application of scientific discovery in combating most of the great infections which kill and enfeeble mankind. On the most baffling of these plagues, syphilis and gonorrhea, he has concentrated his heaviest artillery. Against the ignorance, hypocrisy, inhibition and positive vice, crime and graft in which these killers breed and spread, he courageously set his face and lifted his voice. He consolidated the gains and advances of others and improved them. Applying the known facts and procedures he opened the eyes of the nation's leaders and organized and led a combined medical and social attack on these diseases that protected our soldiers from them in the World War. The civil population that cooperated and participated in this campaign unlearned falsehoods and hypocrisy and changed its mind and attitude on an age-old evil. In winning the war, America also learned to win the peace and to hold its gains against those great enemies.

Many who have worked with him have wished to see him placed in some commanding official position so that his ability as a leader and administrator might have full scope. But it is perhaps best that he has been permitted to remain free of official responsibility so that he might be free to advance further. Testing his tactics against public opinion, he has fought onward in the face of doubt and discouragement when weaker men would have yielded. He has kept the truth he saw alive and active. He has advanced it in many parts of the world. He has written a record and charted a course that will live and guide man in the long years to come. Because it is recorded on the minds and in the hearts of those whom he has met and who have known him. His message and his work have become a part of the thought and lives of those who recognize in him a friend of mankind.

## FROM THE MAIL BAGS

*Greetings have poured in from every quarter, by mail, telegraph, and radio. The JOURNAL can give only excerpts, but brief as they are, they are interestingly indicative of the wide range of Dr. Snow's activities.*

### ***By telegraph and radio:***

I regret inability to attend your dinner tonight. Mrs. Armstrong and I send heartiest greetings to Mrs. Snow and yourself and congratulate the country and the world upon your long period of unexcelled service.

D. B. ARMSTRONG, M.D.,  
*President, National Health Council*

Deeply regret being unable reach New York by tomorrow evening. Please extend to Doctor Snow my sincere congratulations on this recognition of his distinguished services to public health and human welfare and add cordial greetings and affectionate regards.

WALTER L. BIERRING, M.D.,  
*Commissioner of Health, Des Moines, Iowa*

Deeply regret emergency prevents my attending dinner tonight honoring Dr. Snow. Will you extend to him my heartfelt disappointment in being unable to join in personal expression of appreciation of his long and arduous service to humanity and give him my warm regards.

MRS. FRANCES P. BOLTON,  
*President, Payne Fund, Lyndhurst, Ohio*

It is an honor to have the privilege of honoring you on this happy occasion. Christ once said greater love hath no man than that he lay down his life for a friend. You have devoted your life to the saving of many lives and many from lives worse than death and we delight to love and honor you this evening for your great achievement and to rejoice with you and your friends.

FRANK BORING, *San Mateo, California*

Dr. Herman N. Bundesen and Dr. Louis E. Schmidt express their great appreciation of Dr. W. F. Snow's untiring efforts in the field of social hygiene and wish him health and happiness.

Commissioner of Health, Chicago.  
*President, Social Hygiene Organization, Chicago*

Union Internationale Contre le Péri! Vénérien sends to its Vice-President Doctor Snow its heartiest congratulations for his wonderful achievements and its warmest wishes for the new important post.

DOCTEUR CAVAILLON AND BERNARD FLURSCHHEIM,  
*Paris, France*

The Cincinnati Social Hygiene Society sends affectionate felicitations and adds its gratitude and thankfulness for many years of fruitful service and the life of William Freeman Snow. Our highest esteem and congratulations. Health, happiness, and this world's richest blessings.

WM. S. KELLER, M.D.,  
*President, Cincinnati Social Hygiene Society*

Greetings and congratulations from Maine. Wish we were there.

CLARA AND MAYNARD, *Farm Neighbors in Maine*

Please present my felicitations to Dr. Snow and regret that I cannot be present tonight. Wish him for me a long life and continued usefulness.

CHARLES F. DALTON, M.D.,  
*State Health Officer, Burlington, Vt.*

The District of Columbia Social Hygiene Society sends sincerest greetings to Doctor William Freeman Snow, statesman of health. Were he adequately rewarded for his altruistic achievements he would be a multimillionaire.

H. H. HAZEN, M.D., *President*  
RAY H. EVERETT, *Executive Secretary*  
*District of Columbia Social Hygiene Society*

Regret I cannot attend dinner. Congratulations to the leader who has never failed us.

MARIA L. DANIELS, *New York Diet Kitchen Association*

Regret cannot be present with those who honor you with their presence there tonight. I am among hundreds throughout the land who salute you at this time when your splendid achievements have reached new high watermark. May your future years of service be as fruitful of results.

HUGH R. DOWLING, *Maryland Casualty Co., Baltimore*

Congratulations on your many accomplishments and best wishes for the future.

ALLISON T. FRENCH, *Daytona Beach, Florida*

I keenly regret my inability to participate in the dinner which is being tendered Doctor Snow by his numerous friends in recognition both of his eminent attainments in the field of public health and in appreciation of his rare qualities as a man and personality. It has been my privilege to know Dr. Snow since my fledgling days in public health. Throughout the years of association my debt to him increased in geometric progression. I wish him a long continued happy and effective life.

IAGO GALDSTON, M.D.,  
*Executive Secretary, Medical Information Bureau,*  
*New York Academy of Medicine*

California and especially San Francisco recalls with interest and thanksgiving the brilliancy, the forward thinking, and the well planned public health work of William F. Snow. I can fully testify to the inspiration the young public health man received from him.

J. C. GEIGER, M.D.,  
*Director of Public Health, San Francisco, California*

Regret inability to be present to do honor to you as a great leader in a now popular national campaign to control syphilis.

RAYMOND H. GREENMAN,  
*Social Hygiene Committee, Monroe County Tuberculosis*  
*and Health Association, Rochester, N. Y.*

Regret being unable to be present at dinner honoring Doctor Snow. As one who had opportunity to do some pioneering in California and Minnesota in this phase of public health I realize and respect the tremendous contribution made by Doctor Snow.

H. G. IRVINE, M.D., *Syphilologist, Minneapolis*

Heartiest congratulations to you. Only wish I could have been with the hundreds tonight who will honor you.

MRS. MARY S. KRECH,  
*President, Maternity Center Association of New York*

The American Society for the Control of Venereal Diseases sends congratulations. We wish it were possible for us all to be with you to add our personal expressions of appreciation for your quarter century of devoted service in the field of social hygiene.

RUSSEL V. LEE, M.D.,  
*President, American Society for the Control of Venereal Diseases, San Francisco*

Sincere best wishes to our good friend Doctor Snow tonight.

MRS. R. V. LOVE,  
*President, Social Hygiene Association of Kentucky,*

My brother Dr. Charles H. Mayo and I appreciate your invitation to a dinner in honor of Dr. William Freeman Snow. . . . We should like to be present to join in paying respect to Dr. Snow whom we admire and esteem.

W. J. MAYO, M.D., *Associate Chief of Staff, Mayo Clinic*

Congratulations; wishing you every success. We are honored in knowing you.

JUDGE WILLIAM S. MCLEAN, JR.,  
*President, Luzerne County Social Hygiene Society, Wilkesbarre, Pennsylvania*

The American Birth Control League wishes to express its appreciation of the invaluable service rendered by you in a field of activity so vital to the Nation's health. We are grateful for this opportunity to join many others in honoring you.

MRS. ALLISON PIERCE MOORE,  
*Chairman, Board of Directors, American Birth Control League*

Please accept heartiest congratulations. Deep gratitude for your successful leadership.

SOCIAL HYGIENE ASSOCIATION OF NEW ORLEANS,

Permit me to congratulate you on the occasion of the celebration in your honor for your distinguished service during the past twenty-four years. Social hygiene workers in the ranks have reason to be grateful for your leadership.

MRS. HARRIET POWELL,  
*Executive Secretary, Erie Social Hygiene Association*

Much regret inability attend banquet celebrate signal services rendered world health social services by Doctor William F. Snow which have gained universal recognition despite his great personal modesty. Please convey him personally best remembrances his friends League of Nations who wish banquet all success.

DR. LUDWIK RAJCHMAN,  
*Director, Public Health Division, League of Nations*

Please let me share in congratulations to Dr. Snow this evening, to a man who has faced with sympathy the suffering of the sick, with courage the disapproval of the prejudiced, with prudence the judgment of the cautious, and with diplomacy the irritation of the indignant, thus to insure greater happiness for a nation that needed a great man's leadership in what was once an unpopular and misunderstood cause.

REVEREND ALPHONSE M. SCHWITALLA, S.J.,  
*Chairman, Missouri Social Hygiene Council*

### **By mail:**

The value of what he has done for humanity cannot be estimated.

MABEL M. AKIN, M.D.,  
*President, American Medical Women's Association*

I was associated with Dr. Snow both during the World War and in the period of demobilization following, and I had abundant opportunity to observe the good vision, good judgment and good humor which he displayed at all times and the quiet tenacity of purpose with which he pursued his objectives to the attain-

ment of good results. I regard the present active campaign against venereal diseases and its support by the public as the direct outgrowth of his work and his method. He has done and is doing great things and I hope that they may long bless him, our country, and the world.

P. M. ASHBURN, M.D.,  
*Col. U. S. A., retired, Columbia Hospital for Women,  
Washington, D. C.*

The most amazing part of it all is your maintenance of your own wholesome personal attitude toward things in general, as well as toward the particularly knotty problems with which your organization has dealt. There is no doubt that work in this field presents peculiar personal hazards which you have, by some combination of good fortune and good sense, escaped. Certainly there are thousands of us who, watching the triumphant progress of Dr. Parran's crusade, recognize the fruition of your long labors.

EDNA W. BAILEY,  
*Associate Professor of Education, University of California, Berkeley*

The life of great and good men like Dr. Snow is an inspiration to all of us and we reflect credit on ourselves when we show our appreciation of them and their work.

THOS. L. BAILEY, M.D., *Meridian, Mississippi*

It is a great pleasure for me to join with the many friends of Dr. Snow in this public tribute to him and I am very sorry not to be present, amongst them, this evening. Ever since I became acquainted with Dr. Snow I have entertained for him most profound admiration and friendly feelings.

What I always principally admired in Dr. Snow was his deep sense of social justice and the conscientious and impartial manner in which he worked for that aim, without any kind of prejudice either for or against the different countries he visited. Another thing I particularly admired was the great care he gave even to minor matters—nothing was ever too small for him to give it his whole attention and consideration, if it provided an opportunity of doing some good. He indeed worked hard for the benefit of humanity and worked with all his heart and soul never sparing himself. During the time I had the privilege of working with him I felt myself very proud to be associated with so distinguished a man, distinguished both for his intelligence and his character, who was at the same time of such kind and exquisite companionship.

MARIA CRISTINA GIUSTINIANI BANDINI,  
*Member of Special Body of Experts of League of Nations on Traffic in Women and Children, 1923-6*

We hope that this spontaneous tribute from your friends does give you some measure of their gratitude for the inspiration of your devotion to your job. We hope that you do realize how much you have contributed to this new awareness and intelligent interest in meeting a grave social problem. We hope you know the rare satisfaction of seeing a dream come true.

CHARLES BARNETT, M.D.,  
*Chairman, Social Hygiene Committee, San Francisco*

In spirit I am with you and proud of you.

WALTER A. BASTEDO, M.D., *New York*

I regret very much that urgent matters here in Canada will prevent my coming to New York.

May I, however, take this opportunity of expressing to you my very great pleasure that your many friends have united to pay you this signal honour and to express to you my own keen appreciation of the great contribution which you have made to the advance of public health on this Continent.

I trust that you may be long spared to give your counsel and assistance in the years to come.

GORDON BATES, M.D., *General Director, Health League of Canada*



I should like to speak the appreciation of both myself personally and the Social Hygiene Committee of the Council of Social Agencies for Dr. Snow, one of the most effective strategists and statesmen public health has today.

PAUL L. BENJAMIN,  
*Executive Secretary, Council of Social Agencies,  
Buffalo, New York*

Never, it seems to me, have we so needed leaders with intelligence and conviction and courage as today, and you are one to whom we turn and in whom we trust.

JESSIE L. BINFORD,  
*Executive Director, Juvenile Protective Association,  
Chicago*

I have known and admired Dr. Snow for years. His sterling qualities made themselves felt at Geneva while I was an official of the League. Such leadership as he possesses is seldom allied with such disarming modesty.

FRANK G. BOUDREAU, M.D.,  
*Executive Director, Milbank Memorial Fund*

Dr. Snow's sensitivity to problems of public life and his keen appreciation of human relationships have been among the factors which have made possible the tremendous development in the field of social hygiene.

WILLIAM H. BRISTOW,  
*General Secretary, National Congress of Parents and  
Teachers*

Our public health nurses, . . . I assure you, will do all in our part to assist in this great campaign against syphilis, so that the United States can have as fine a record as Sweden and other countries that have attempted sex educational campaigns.

FANNIE M. BROOKS, R.N.,  
*Health Education Specialist, Extension Service, Uni-  
versity of Illinois, Urbana, Ill.*

I live much in the past and in this I am frequently joined by you in the earlier days of our work in California, and you have carried on in a much larger field.

I am much pleased with the review of your work accompanying the invitation. A larger volume would not cover your useful influence on health measures.

CHAS. C. BROWNING, M.D., *San Marino, California*

During the many years in which I have been intimately associated with Dr. Snow I have learned to have a greater and greater regard for his accomplishments in the field of public health but, more than that, I have learned to know of his fine character and his kindly attitude toward all of his associates. He has for a good many years been a director of the National Society for the Prevention of Blindness, and we all feel that his contribution to our work has been of great value.

LEWIS H. CARRIS,  
*Managing Director, National Society for the Prevention  
of Blindness*

Je regrette vivement de ne pouvoir participer à la fête que vous donnez aujourd'hui en l'honneur du Dr. Snow. J'aurais voulu, par ma présence, prendre une part effective à l'hommage que vous lui rendez et auquel je m'associe de tout coeur. Je connais de longue date l'oeuvre entreprise par le Dr. Snow et la contribution si précieuse qu'il a apporté à l'étude de toutes les questions qui préoccupent les hygiénistes de tous les pays, aussi suis-je particulièrement heureux de me joindre à vous par la pensée au moment où vous lui apportez le témoignage de votre estime.

DR. CAVAILLON,  
*Union Internationale Contre Le Pêril Vénérien, Paris*

You more than fully deserve all the appreciation that your friends can bestow upon you.

MARY AUGUSTA CLARK, *Bedford, N. Y.*

The Oakland Social Hygiene Committee together with the medical profession of Alameda County, California, wish to send good wishes and join hands with the nation in honoring Doctor William F. Snow.

We congratulate a man who has worked valiantly for a cause that has finally come to the real light of day.

THOMAS J. CLARK, M.D.,  
*Chairman and Chief of Staff of the Dermatology and Syphilology  
Service, Alameda County Hospitals, Oakland, California*

I have the highest regard for Dr. Snow as public health leader, social worker, and good friend.

JOANNA C. COLCORD,  
*Director, Charity Organization, Russell Sage Foundation*

Naturally we have been working toward the same end ever since the war, and many times side by side. The people of the United States already owe you a great and eternal debt of gratitude for what you have done in changing the whole complexion of the venereal disease problem. It is already beginning to be simply a public health problem, and no longer a complex venereal disease.

HAROLD N. COLE, M.D., *Cleveland, Ohio*

My memory of Dr. Snow's good work goes back to War time. In all the years since then I have known and have valued his unselfish public service, promoted with patience and tact and foresight and indomitable good will. He has shown good judgment in dealing with the public, and scientific care in following professional methods.

NORMAN F. COLEMAN, *Reed College, Portland, Oregon*

The present activity of the campaign against venereal disease is, in my opinion, in no small part due to Dr. Snow's conscientious, persistent effort to keep the importance of these diseases before the country.

HUGH S. CUMMING, M.D.,  
*Director, Pan American Sanitary Bureau, Washington, D. C.*

In addition to my appreciation of Dr. Snow's eminent service in his chosen field, in which he was forerunner and prophet, I had the opportunity of appreciating his large contribution to the health of men who served in the Army and Navy during the World War. The program which he formulated and which was carried out with the armed forces was extended beneficially to the civil population. He blazed the way to practical disease control in a field that had been neglected. He woke up the nation to a curse that was sapping the vitality of many thousands and put an end to the hush-hush mistaken silence about a cancerous enemy of our race.

I rejoice that we have lived to see the day of greater recognition and higher appreciation in the lifetime of men who heal. We have too long neglected them to give our highest praise to those who win glory in arms.

JOSEPH S. DANIELS,  
*Embassy of the United States of America, Mexico*

Sometimes I think that the biggest contribution that any man makes is in the encouragement he gives to others with less experience than his, to carry on.

ROY E. DICKERSON, *Kansas City, Missouri*

During his service as public health executive of California, twenty-five years ago, Dr. Snow began pioneer activities in the control of venereal diseases. He had the combined viewpoints of the educator, physician and public health officer. With this basic equipment and possessing the attributes of vision, persistence and personality, he was able to place the foundation stones in a program of control that has grown into an important structure in the administration of public health throughout the United States.

WALTER M. DICKIE, M.D.,  
*Director of Public Health of the State of California*

It is no small happiness to see the ripe fruition of a life-time, as you are seeing it, and the work you have worked for organized through the breadth of the land. May you live on to see it grow stronger and deeper.

ROBERT L. DICKINSON, M.D., *New York City*

I am particularly indebted to Dr. Snow, for while I served as chairman of the Public Welfare Department and acting chairman of the Public Health Division of the General Federation of Women's Clubs, Dr. Snow worked out a joint project with us which was most effective.

MRS. SAIDIE ORR DUNBAR,  
*First Vice President, General Federation of Women's Clubs*

Although Surgeon General Parran threw the bomb to the people, the credit due Dr. Snow is none the less.

KARL C. EBERLY, M.D.,  
*Secretary and Director, Department of Public Health,  
Fort Wayne, Indiana*

I have much pleasure in associating myself with the celebration in honour of Dr. William F. Snow. For years past I have realised the value of the work he has so efficiently carried on in the field of social hygiene. There could be no happier time to offer this public tribute to Dr. Snow than the present, when the work in which he has so long been active is at last culminating in the great national campaign which cannot but be of immense public welfare.

HAVELOCK ELLIS, *Herne Hill, London*

Not only have I great respect for his work but great fondness for him personally. Please call upon me if I can help in any way in furthering the plans for this highly deserved tribute.

EDWIN R. EMBREE,  
*President, Julius Rosenwald Fund, Chicago*

To a very large extent my broad interest in public health grew out of my association with you and Dr. Sawyer during the War. I feel a debt of gratitude to you for the inspiration and enthusiasm which was instilled into me.

W. THURMER FALES,  
*Director of the Bureau of Vital Statistics, Baltimore  
City Health Department*

The signal success of Dr. William F. Snow as the leading organizer and liaison officer in the campaign for public health, especially in the neglected field of venereal disease infections and the suppression of commercialized prostitution, deserves the widest recognition. We welcome this opportunity to honor his philanthropy and his scientific approach and success.

GUY G. FERNALD, M.D., *West Concord, Massachusetts*

His life has been devoted to the enrichment of society not alone in our own country but throughout the world.

JAMES L. FIESER,  
*Vice Chairman in Charge of Domestic Operations,  
American Red Cross*

I should like to have my best wishes included among the many messages which you will receive tomorrow.

EMMA LOUISE FOLGER, *New York*

. . . Dr. Snow may be interested to know that by pure chance the work of California's recently established Bureau of Venereal Diseases is to be explained to a group of social workers by Dr. Malcolm H. Merrill, Chief of that bureau, on our campus that same afternoon.

JOHN N. FORCE, M.D.,  
*Chairman, Department of Hygiene, University of California*

I look back with a good deal of satisfaction to the years that I worked under Dr. Snow's direction, not so much because of any great accomplishments on my own part but rather because of my personal relations with Dr. Snow and my recollections of his ways of doing things.

JAMES H. FOSTER,  
*Department of Social Welfare, State of New York*

To me, Doctor Snow is one of the great humanitarians not only of this country but of the world. . . . As the result of his devotion and his invaluable service as Secretary of the American Social Hygiene Association, today the United States Public Health Service, through Doctor Parran, is taking unusual steps in waging the strongest campaign for the education of the physician and the public. Many states have been given sufficient subsidy by the Government to continue the battle against syphilis in the various commonwealths.

Doctor Snow's name will be recognized in medical history on parity with the names of our scientific pioneers whose research has made possible the control, even the extermination, of some of the most devastating diseases known to man.

FRANCIS E. FRONCZAK, M.D.,  
*Health Commissioner, Department of Health, City of Buffalo*

I am so glad this step is being taken at a time when Dr. Snow has a present and future of activity and not merely a past.

MARY SEWALL GARDNER, *Providence*

There is nothing that would please me more than to do you honor for the splendid work you have done for public health in general, and for the control of venereal diseases in particular.

I want to take the occasion to wish you every good thing, and to hope that you may be available for many years for counsel and guidance in the venereal disease program.

EDWARD S. GODFREY, JR., M.D.,  
*Commissioner, Department of Health, State of New York*

The board and staff of the National Organization for Public Health Nursing join me in sending congratulations.

We very much appreciate the constantly friendly and helpful attitude shown by you and your associates toward public health nurses and their National Organization.

AMELIA H. GRANT,  
*President, National Organization for Public Health Nursing, New York*

The opportunity of serving our fellow-men in such important ways and for as many years as you have falls to the lot of only a few. That opportunity has come to you and you have met it so well you have truly given a life of constructive and unselfish service. Public Health has made noteworthy progress and Society is enriched because of your efforts and your life. We are happy to honor you for it.

In the name of the American National Red Cross, I extend to you and yours our heartiest felicitations for your achievements and our best wishes for your continued happiness and useful service.

CARY T. GRAYSON, M.D.,  
*Chairman, The American Red Cross, Washington, D. C.*

I trust this does not mean that you are going to retire from your activities in connection with Social Hygiene which, thanks so largely to you, are now going so promisingly ahead. We need your advice and inspiration now even more than ever.

JOHN HALL,  
*Executive Secretary, New Jersey Health and Sanitary Association*

I shall probably not be able to attend the dinner. If I cannot get there, I can at least tell you here and now that I have the greatest admiration for all your work and accomplishments during these many years of service, and also have a very definite personal esteem for you. If I am unable to be present on the great day, I shall prepare a speech, stop in at your office, and deliver it to you with gestures, etc., in person.

CHARLES J. HATFIELD, M.D.,  
*The Henry Phipps Institute, Philadelphia*

It was at Geneva that I first met Dr. Snow who was Chairman of the Special Body of Experts appointed by the Council of the League of Nations in December, 1923, to investigate the international position relative to the traffic in women. The report which was presented about three years later was a most valuable document. It served not only to draw public attention in many countries to the evils inherent in commercialized prostitution but also to influence profoundly the steps taken in later years by international action to bring these evils as far as possible to an end.

The collection of the information and the preparation of the report, in which Dr. Snow was so ably assisted by Mr. Bascom Johnson, involved a great deal of strenuous work. It was my good fortune to be associated with Dr. Snow as a member of the Body of Experts and I can bear testimony to the patient and tactful way in which he managed a team which was always difficult and sometimes unruly, and finally persuaded them to sign a unanimous report.

It was always a great pleasure to me to work with Dr. Snow—I admired his personality; his high sense of duty, tempered by an equally high sense of humour, and his wonderful capacity for work. I should like to congratulate him on what he has been able to achieve at Geneva as well as in the United States and elsewhere and to wish him continuing strength and success in the years to come.

S. W. HARRIS,  
*Assistant Under Secretary of State, London, England*

It is high time that Dr. Snow was dragged into the limelight, so that he may feel the esteem in which those best qualified to judge his work hold him, and a wider public may learn something of what society owes him for the great part he has played in the campaign against venereal diseases and the traffic in women and children.

Just before I first met Dr. Snow, at the birth of the League of Red Cross Societies in Cannes in 1919, I heard one of the American leaders speak of him as a man who, in the long run, achieved his objective, whatever the obstacles, without fuss and often without anyone being conscious of the solvent process that had been at work on the opposition. I think events have shown that judgment to have been pretty correct.

Snow and I, with such distinguished men as Roux and Ducrey, were members of the V. D. Committee of that Red Cross Conference at Cannes, and it ended in the two of us drafting the resolutions. At least Snow did the work, and I, knowing that he would get his own way about them eventually, meekly agreed.

It must be very gratifying to him and to you all, his associates in the fight you have waged so long against V. D. in America, to see its importance being recognised at long last by the general public.

L. W. HARRISON, *Ministry of Health, London, England*

We would like to join with others over this country in an expression of appreciation for the leadership that Dr. Snow has shown in the field of Social Hygiene.

P. K. HOEDEK,  
*Chairman, Robinson Social Hygiene Committee, Robinson, Illinois*

During the time that I have been associated with Dr. Snow on the Board of Directors of the American Eugenics Society, I have come to have a great admiration for him. He seems to me a very rare type of man. His judgments have a sort of sane, kindly quality that gives one great confidence in them. He never seems to have the slightest consciousness of himself in anything.

ELLSWORTH HUNTINGTON,  
*Yale University, Department of the Social Sciences*

Your inspiration, leadership, and wise counsel have meant a great deal to me in these past years.

ELEONORE L. HUTZEL,  
*Chief of Woman's Division, Police Department, City of Detroit*

We hold Dr. Snow's work in the highest regard, and trust that the tribute paid to him at this dinner meeting will encourage him further in the excellent leadership he has shown.

JESSE A. JACOBS,  
*Executive Secretary, Committee of Fifteen, Chicago*

You have carved a niche in the hall of public health activities through your personal endeavors for many years, for which I congratulate you. May the Lord give you the best of health during the remainder of your days.

FRANK J. JIRKA, M.D.,  
*Director, State Department of Public Health, Springfield, Illinois*

Please convey to the Doctor my small tribute for the great work that he has done, and for the ability, and even genius that he has manifested.

HIRAM W. JOHNSON,  
*United States Senate, Committee on Foreign Relations*

I am one of those who have always admired from afar and have never had any real opportunity to express it.

MARGARET TABER JOHNSON,  
*Elizabeth Peabody Home, Boston*

I sincerely hope there will be many more years for you in this excellent work.

S. L. JOHNSON,  
*Assistant Manager, Central Hanover Bank and Trust Company*

I know of no man in the field of Social Hygiene more deserving of honors. When others lost courage, he carried on, and during the depression when funds were not available he did not lose heart.

REUBEN L. KAHN, M.D.,  
*Department of Clinical Laboratories, University Hospital, University of Michigan*

We all recognize the great work which you have done and are doing.

ABRAM T. KERR, M.D., *Medical College, Cornell University*

Your record of the past twenty-five years is outstanding. More power to your elbow and may the next twenty-five be even more successful and happy for you.

HOWARD R. KNIGHT,  
*National Conference of Social Work, Columbus, Ohio*

I am particularly indebted to you for encouragement and advice on many occasions and in many very difficult situations, and therefore I was particularly pleased to be able to join your many friends and admirers in a celebration to show you what your leadership has meant to us and to the thousands of workers throughout the world. I heard a great deal about it in Europe, and I am sure your right ear must have been ringing many a time, when your colleagues spoke with great admiration of the American Colonel Snow.

MARIE E. KOPE, *Larchmont, N. Y.*

As a member of the California State Board of Public Health, I join with other members of that Board in good wishes to Dr. Snow. . . . During the period when Dr. Snow was Secretary and Director of the California Department of Public Health, I was elected chairman of a Special State Tuberculosis Commission that owed its existence largely to his initiative. The report of that Commission laid the foundation for a Bureau of Tuberculosis that has played a big part in lowering the tuberculosis mortality in California, through the establishment of county sanatoria that set a high standard of service.

GEORGE H. KRESS, M.D.,  
*Editor, California and Western Medicine*

I want to express the gratitude a number of us feel who have been associated with the Association of Women in Public Health from its early days for the support and frequent assistance you gave us during those first years.

May you look forward to many years of the reaping of the harvest for which you have sown the seed.

MARY R. LAKEMAN, M.D.,  
*President, Association of Women in Public Health*

Dr. Snow has so quietly and unselfishly directed this organization so successfully in its splendid work that it is very proper that public recognition should be made of his service. He has not finished his task by any means and I feel that the spirit of this dinner will be to congratulate him upon what he has already accomplished as well as to encourage him to future achievements.

JOSEPH S. LAWRENCE, M.D.,  
*Legislative Bureau and Executive Officer, Medical  
Society of the State of New York*

Felicitations on your twentieth year of continuous leadership in the American Social Hygiene Association; a good job well done!

Some day when you retire, we expect to have our old California friend come home to the West Coast.

ROBERT T. LEGGE, M.D.,  
*Professor of Hygiene and University Physician, Uni-  
versity of California*

New York, which has taken a leading part in the national campaign against venereal disease, should have a part in the honoring of one who has been so influential in arousing public opinion to the realization of the gravity of syphilis and gonorrhea as national health menaces.

HERBERT H. LEHMAN, *Executive Chamber, Albany*

Congratulations and greetings. Sorry I cannot be present.

MABEL GRIER LESHER, M.D.,  
*Lecturer in Social Hygiene in Colleges and Secondary Schools*

May I add a word of appreciation to those that are doubtless reaching you from all sides, of the great services rendered to humanity during the past twenty-five years by Dr. William Freeman Snow, a man of such modesty that his splendid work is not known as it should be throughout the country. A man who vaunteth not himself; a man of such patience that he is not disconcerted in a long struggle for the attainment of a worthy object; a man of such intimate knowledge of social needs and social possibilities that his advice to those in other organizations has been of inestimable value; a man so selfless that no effort of his is too great that human suffering may be lessened; to such a man, greetings, gratitude and appreciation.

May his invaluable services to humanity long continue.

PARK LEWIS, M.D., *Buffalo, New York*

I wish to express to you sincere appreciation for your work in making us all "social hygiene" conscious.

I firmly believe that in this consciousness lies America's hope of improving civilization. Without sound and happy homes there can be no real progress. Without health and understanding there can not be happy homes. Social hygiene by working to supply these factors is raising the standard of American family life.

Your careful and untiring efforts in this field have laid the foundation for the present rapid growth of interest in social hygiene.

Your example inspires us all to "carry on."

PAUL H. LUCE,  
*President, Youngstown Social Hygiene Association,  
Youngstown, Ohio*

I have observed your work and watched your progress during the last twenty-five years with a great deal of interest and much admiration. You have labored hard, overcome many obstacles, fought a hard fight, and so far as I can interpret are just now beginning to see the result of your labor. You have my most sincere congratulations and best wishes. You are doing a good work and deserving much credit.

WALTER F. MARTIN, M.D.,  
*The Battle Creek Sanitarium, Battle Creek, Michigan*

De tout coeur, je m'associe à l'hommage organisé en votre honneur. Vous avez rendu des services éminents dans le domaine de la santé publique et du progrès social. Votre activité a eu des résultats remarquables pour le bien de la communauté aux Etats Unis. Malgré votre modestie rare, votre réputation a franchi l'Atlantique.

Mais je tiens à rendre hommage surtout au service que vous avez rendu à la civilisation par l'Enquête sur la traite des femmes et des enfants, faite sous l'autorité de la Société des Nations, en Europe, dans l'Afrique du Nord, le proche Orient et les Amériques. Vous avez organisé cette enquête dans 28 Pays; vous avez présidé avec une grande distinction le Comité d'Experts et lui avez apporté une somme de travail énorme et un dévouement illimité.

Cette Enquête a eu pour résultat de révéler les nouveaux procédés des trafiquants,—et aussi de susciter un vif mouvement d'opinion publique pour la répression de la traite et pour la suppression du vice commercialisé, qui est la cause directe de la traite.

Des milliers de jeunes filles ont ainsi été sauvées d'un sort horrible.

Comme Expert technique Gouvernement Belge près la Société des Nations et comme Président de Comité National Belge de défense contre la traite des femmes et des enfants, je tiens à vous exprimer une vive reconnaissance pour ce bienfait rendu à l'humanité.

Veuillez agréer, cher Docteur Snow, l'hommage de mon admiration et l'expression de mes sentiments les meilleurs.

ISADORE MAUS,  
*Comité National Belge de Défense contre la Traite des Femmes et des Enfants; Ancien Membre du Comité d'Experts de la Société des Nations*

I look upon the work of Dr. Snow as one of the really great contributions to human welfare.

It was my pleasure to work under the influence and in the closest cooperation with Dr. Snow during and for a period after the World War. The widespread understanding of federal, state and city health authorities of the problem to be worked out in the control of venereal diseases may be attributed to Dr. Snow more than any one I know of. His was the courage that inspired many new followers of the little group of pioneers who undertook to humanize this great effort some years ago. The enthusiasm and high mindedness with which he attracted young men to the movement was a classic example of leadership. The smile with which he met rebuffs and the tact with which he sifted out the superficial and sensational, while at the same time he popularized this once unpopular undertaking, has been an example which men who were associated with him can never forget. The clarity of his vision as to what ultimately could be accomplished swayed not only individuals but nations, as you know. His fine touch softened sinners and screwed up the courage of cowards. On the one hand he won the support of business and industry and on the other advanced the understanding of his own profession in the great field of public health. I know from personal observation that the work he directed is effective today in the least expected places.

WALTER W. R. MAY,  
*Portland Chamber of Commerce, Portland, Oregon*

This is just a little note in memory of the days that you and I spent in uniform in Washington, and to remind you that I have not forgotten that a creation of yours, "Fit To Fight," did more toward protecting the health of the boys than any other one thing.

JOHN D. McLEAN, M.D.,  
*Medical Director, Rush Hospital, Philadelphia*

The battle against these social diseases surely must be won under such consecrated leadership as Dr. Snow is giving to the cause.

C. N. McMANIS,  
*Pastor, First Presbyterian Church, Mitchell, South Dakota*

I should like to say with others how much I have received from you and how much the inspiration of your life has meant to the carrying on of the work I have tried to do here in Oregon.

FRED B. MESSING,  
*Executive Secretary, The Oregon Social Hygiene Society*



I wish to say how delighted I am that your great contribution to Public Health will be recognized at the dinner in your honor on October 3rd. May I offer my heartiest congratulations and best wishes and express my hope for many more years of your good work.

HAROLD H. MITCHELL, M.D., *Astoria, New York,*  
*Formerly Medical Associate, Division of Research,*  
*American Child Health Association*

On behalf of the Joint Committee of the Cleveland Health Council and the Cleveland Medical Association, I have been asked to express the appreciation of our Committee of the priceless services of Doctor Snow to the cause of social hygiene. In his modest way, he has typified the activity, and it must be a satisfaction to him to realize that the efforts of a lifetime are coming to fruition in the awakening of the world to the importance of this matter.

May I express to Doctor Snow the personal congratulations of each member of our Committee and our assurance that the work locally is making substantial headway toward the development of a program for Cleveland which will be practical, balanced, and effective?

We wish Doctor Snow the comfort of mind that must result from a life so active in the public behalf. Each member of the Committee joins in this expression.

DELO E. MOOK, *Cleveland Trust Company, Cleveland, Ohio*

You have been a voice crying in the wilderness for a great many years and your willingness and enthusiasm to continue your ululations in the face of indifference and opposition has been an inspiration to the rest of us.

JOSEPH EARLE MOORE, M.D., *Baltimore, Md.*

No one who served under Dr. Snow even as a Zone Lieutenant, as I did during the war, could fail to have the highest admiration and regard for his qualities of constructive leadership and as a commanding officer and his very extensive professional attainments.

ROBERT NEWBEGIN, *Toledo, Ohio*

We appreciate Dr. Snow's fine character and fearless, unselfish interest and accomplishments in a most important field. We are proud of him as a doctor and as a Westerner. In addition to this, we feel particularly grateful to him for what he has done for the Oregon Social Hygiene Society.

A. HOLMES JOHNSON, M.D.,  
*President, The Oregon Social Hygiene Society*

You, of course, know what I think of W. F. S. I not only have the greatest respect for his ability and for what he has done but love him like a brother.

With every wish for complete success in honoring this, one of Public Health's best known and best loved fighters.

F. J. OSBORNE, *Health Officer, East Orange, N. J.*

Please accept my heartiest congratulations.

STANLEY H. OSBORN, M.D.,  
*Commissioner, Connecticut State Department of Health*

It has been my privilege to work under a number of very remarkable chiefs. From each one of them I have learned valuable lessons in living.

From Dr. Snow, I learned that responsibility for developing and carrying on a public service program involved constant attention to an unbelievably large number of details, but that it was essential that these details should not blot out or over-balance, in any way, the whole program. I learned that if human beings are to work together for a common purpose, each must be willing to forget himself and his particular biases and prejudices and even joys, in the accomplishment of this common purpose. I learned that to give and to take in friendliness, honesty, and affection was basic to the success of the program.

Above all, I learned that our General Director had forgetfulness of self, which was his shining glory.

CHLOE OWINGS,  
*Dean and Student-Faculty Consul, Keuka College,*  
*Keuka Park, N. Y.*

I trust that you will have occasion to be the recipient of many more such testimonials of esteem in the future.

DOROTHY PARKINSON,  
*National Institute of Health, United States Public  
Health Service*

It has been my privilege to work with Dr. William F. Snow on two occasions. The first began in France in 1917. This was shortly after the American people suffered from that widespread sickness in the head which resulted in quite a number of us finding ourselves in uniform messing around among European stink-pots. One audible symptom of this characteristically American mental aberration was the repeating of silly slogans about making the world safe for democracy, and fighting this war to end all wars. But Dr. Snow had his own ideas of what he was there to do. He was busy fighting syphilis and gonorrhea.

The second occasion of our working together occurred ten years later in New York City after my return from China. In New York City, I found Dr. Snow still fighting syphilis and gonorrhea.

Unfortunately, a third occasion for our working together may never present itself, I fear. Yet many years hence, when in spiritual form his bald head will wear a heavenly crown of large dimensions, I fully expect some word will drift down to where I shall be to the effect that Dr. William F. Snow has not changed. Even in Heaven, he will be found as single-minded as he was on earth.

May his further efforts in this direction here and in the hereafter be crowned with increasing success. The occasion of this dinner at the fork of the road gives those present and those absent like myself, a chance to voice our esteem of a genial, helpful, understanding friend and colleague. We all think he is a grand fellow. God will have his chance to express his personal opinion later—much later, I hope.

W. W. PETER, M.D.,  
*Medical Director, Navajo-Hopi Areas*

My knowledge of Dr. Snow's splendid contribution in the Army as well as in civilian public health enterprises has developed a very high regard for his outstanding service in his chosen line, in which he is a master.

C. R. REYNOLDS, M.D.,  
*Major General, U. S. Army, The Surgeon General*

I am in receipt today of an invitation to attend the testimonial dinner to be given for you on the first of October. It will be an occasion in which I would be delighted to have a part in order that I might share with others the pleasure of tendering you the recognition you and your work have so long merited. Of course your friends have long appreciated your part in the gradual emergence of a program in public hygiene and public health. But the public, largely because of your policy of remaining in the background and attaining your aims through the work and credit of others whose energy you have inspired, has little knowledge of the debt they owe you. I therefore take this opportunity of saying by a personal letter how thoroughly happy I am that this honorable mention is coming to you. Please accept my warm congratulations and accept also my small part in the general acclaim.

HARRY B. REYNOLDS, M.D., *Palo Alto, California*

Perhaps . . . I may be able to see you and tell you more in detail how much I have enjoyed knowing you and working with you along our particular lines.

B. R. RICKARDS,  
*Director, Division of Public Health Education, Department of Health, State of New York*

As distance and health prevent my partaking in the New York honors, may I send my congratulations from the state in which you began your splendid career.

It gives me genuine pleasure to know that your work is being thus publicly recognized. I am a hearty believer in showing appreciation while living rather than by flowers on one's coffin. That your pioneer work is to be carried on by your former disciple, now Surgeon-General of the U. S. Public Health Service, must give you especial satisfaction. In all this, our country owes you more than it can ever repay. And the debt of future generations will be greater still.

MARY BENNETT RITTER, M.D., LL.D., *Berkeley, California*

You richly deserve this demonstration and any other rewards that may come to you.

J. F. ROGERS,  
*United States Department of the Interior, Office of Education*

The Social Hygiene movement throughout the world owes Dr. Snow, as a pioneer, the deepest gratitude. It was the demonstration given by the Social Hygiene Board of the United States army, during the war, to the allied governments of the value of such work that opened the way in many countries to their national Social Hygiene movements after the war. It was the work under his direction accomplished by the Traffic in Women Committee of the League of Nations, that opened the way to the abolition of regulated prostitution.

I personally as well as the British Social Hygiene Council owe much to the close contact that existed between us all as colleagues in the movement during and after the war. The insight I obtained during my tour in 1924 under Dr. Snow's guidance proved a most valuable enrichment of experience. My only regret is the many years that have passed since Dr. Snow's last visit to England and mine to America. It must be with pride and satisfaction that Dr. Snow can look back over such a long span of public service that has brought the American nation and the American Social Hygiene Association so much success in such a difficult sphere of public health. Certainly through his efforts much preventable suffering has been prevented and the scourges of syphilis and gonorrhea are now recognised as major problems in public health administration.

MRS. SYBIL NEVILLE-ROLFE,  
*Secretary General, British Social Hygiene Council,  
London, England*

Ever since you entered the military service in 1917, it has been my privilege to see and admire your work in the field of activity in which you have been so successful.

I well remember our conferences in 1917 and 1918, when we were confronted with a huge, a colossal problem, the limits of which no one knew at the time. After you had made your plans and built up your organization results began to appear, and from month to month I and all of us in the office of the Surgeon General came to realize that with the help of your ideals and your methods the Army was going to make not merely a creditable showing but a record that had never before been approached. Neither the size of the problem nor its own peculiar inherent difficulties seemed to worry you in the least, but you went ahead steadily doing more and more each month until you had a working scheme which was superior to anything we had ever known in military life.

It has been a pleasure to watch the growth of the scheme for the prevention and control of the venereal diseases during the period since the World War and I know how happy all of us who count ourselves your friends are at the truly remarkable results that have been obtained by following out the trail so clearly blazed by you.

FREDERICK F. RUSSELL, M.D.,  
*Harvard University, School of Medicine, Department  
of Preventive Medicine and Hygiene*

None better than I can appreciate the eminent services Dr. Snow rendered. It would have been such a pleasure to join in rendering homage to his wonderful activity. Kindly tell him my admiration and sympathy.

MME. G. AVRIL DE ST. CROIX,  
*L'Œuvre Libératrice Société de Relèvement et de  
Reclassement pour Jeunes Filles*

... His competence and his untiring zeal have given him one of the most prominent places, both nationally and internationally, in the crusade against evils and diseases which are devastating for the morale as well as for the physique of man. Dr. Snow has had an important share in every progress which has been accomplished in this field, and his activity will secure other victories still.

DR. RENÉ SAND,  
*Secretary General, Ministry of Public Health, Brussels,  
Belgium*

Dr. Snow's work with the American Social Hygiene Association has been a great inspiration to many of us who have used his books.

E. M. SANDERS,  
*Head, Department of Health and Physical Education,  
State Teachers College, Indiana, Pennsylvania*

It is good to know that public recognition is being given the faithful and effective service you have so unselfishly given to humanity. . . . Indiana's Health Pioneer, I. N. Hurty, M.D., often spoke in the highest praise of your accomplishments.

ADA E. SCHWEITZER, M.D.,  
*Formerly Director Child Health Division, Indiana State  
Board of Health*

You will probably never know what your acquaintance and friendship has meant to me. Although our conferences together have been all too few and far between from my standpoint, they have left a lasting and inspiring effect upon me on each occasion. It has been flattering to me to think that you and I come from the same school of thought in health matters. Whatever modicum of success I may have had in public health thus far has been due entirely to the opportunities which I have had to sit at the feet of leaders such as Chesley, Heiser, Ferrell, Parran, Frankel, Armstrong, Dublin, and yourself.

Another thing you do not know is the number of times in the last ten years that I have heard public health people in this State speak of your regime as State Health Officer and quote you on your policies. The influence which you have exerted for better health in all parts of this country is intangible, but at the same time immeasurably great.

W. P. SHEPARD, M.D.,  
*Assistant Secretary, Metropolitan Life Insurance Com-  
pany, Pacific Coast Head Office, San Francisco*

I do wish to express my appreciation of Dr. Snow's services in the field of public health.

CHARLES D. SNYDER,  
*Professor of Experimental Physiology, Baltimore, Md.*

May you live forever and ever to carry on your good deeds.

MRS. HARVEY SNOW, *East Orland, Maine*

We rejoice in the sincerity of the applause you were given, although we are both very much aware of its lack of completeness. We need not tell you that regardless of the superior importance of what you have done in the field of social hygiene, there is hardly any other phase of public health in which you have not made equally bountiful contribution. We realize the expediency of emphasizing at this time the influence upon venereal diseases, etc., which you had exercised even before 1913 when you were appointed to an official relationship with the present American Social Hygiene Association. But, as I look back over the years that have passed in between and call up my personal memories of what your activities have been, I urge upon myself the fact that yours has not been a narrow, one-lined piece of magnificent service. I do wish that the total range of your public health participation in the determination and regulation of the progress and achievements of public health could have been the theme of that dinner of October 1.

DR. AND MRS. THOMAS A. STOREY, *Stanford University*

You remember someone said "What he has done speaks so loud that I can not hear what he says." That may seem to apply to your life of devotion to the public welfare. It is a grand thing to feel that someone's life is richer for one's having lived, but when a Nation's life is richer, it is an achievement that can not be measured. You to my mind have done more for public health, both mental and physical, than anyone else in this country.

EUGENE L. SWAN, M.D., *Director, Pine Island Camp, Maine*

I have known and admired Dr. Snow from my first meeting with him at Stanford University many years ago when I was a student and he the professor; in fact, my first acquaintance with Public Health came through Dr. Snow's lectures and then, as now, he was adored by everyone who came in contact with him.

ERNEST J. SWIFT,  
*Vice Chairman, The American Red Cross, Washington, D. C.*

I am glad that the opportunity of your anniversary in the field of public health work is being used not only to pay respect to you and to your services over this long period of years, but to promote the cause of public education in the interest of public health.

I want to take this opportunity to convey to you personally my congratulations on your achievements in the past and to the public health field my hope that your services may be available to it for many years to come.

FRANCES TAUSSIG,  
*Jewish Social Service Association of the City of New York*

Nothing would give me greater satisfaction than to participate in person in the present designs of the large body of your friends who wish to do you especial honor. Distance makes that impossible. But it is easy for me to join them in their thoughts—in happiness over your many positive achievements, in grateful appreciation of your exceptional gifts to the public service, and in remembrance of personal qualities that have endeared you to us all. And I like to think of your quick and generous consideration of my own problems. Many, many will gladly think such thoughts at this special time, profoundly realizing that the fullest measure of your success can be filled only as we demonstrate, however tardily, the wisdom of your kindness.

HARRY BEAL TORREY, M.D., *Stanford University*

The Social Hygiene Committee of the Onondaga Health Association has directed me to congratulate you upon the completion of another decade of notable and most valuable service in the field of character building and public health.

I have many times recalled a conversation I was privileged to have with G. Stanley Hall over a quarter of a century ago relative to the then unpopularity and inexpediency of embarking upon social hygiene work as a career. What you have done in steadfastly championing this cause shows that, in addition to having vision, you have had loads of courage. The path you have followed and the splendid results you have achieved remind one of the inscription upon the tomb of John Howard, the eminent British prison reformer: "He trod an open, but unfrequented path to immortality."

I hope that you will not need any marble monument for many years; but when the time arrives that your family and friends think you should have one, this would really be quite unnecessary. You have already erected your own monument through helping thousands of persons to live more wholesome, more fruitful and happier lives.

ARTHUR W. TOWNE,  
*Secretary, Onondaga Health Association, Syracuse, New York*

I shall personally always recall my service under your direction in the World War with pleasure. Your directorship was characterized by great humanness at all times and permeated, I believe, on down the line to every one engaged in the social hygiene service. The latitude you extended to each one of us, in our respective activities, and the high plane on which you inspired all that activity have remained in my memory at all times since.

SHERWOOD TRASK, *New York City*

I know of no person in Public Health whom I esteem more highly.

F. E. TROTTER, M.D.,  
*Territorial Commissioner of Public Health, Territory of Hawaii, Honolulu*

Dr. Snow, in my early career of public health work, and I am sure this is true for many others, was a very great help. By his friendship and his wonderful example he inspired us in California more than we can express. Since leaving this State he has further, by his distinguished career and by his occasional bits of advice, encouragements, and greetings, kept our life interest up in the endeavor we all have in common to contribute to public health and especially to public health education.

HERBERT F. TRUE, M.D., *City Health Officer, Sacramento*

He has done more than any other person in the world to arouse the medical profession and the people generally to the gravity of the venereal diseases as national health menaces.

FELIX J. UNDERWOOD, M.D.,  
*Executive Officer, Mississippi State Board of Health*

Dr. Snow has been one of those rare individuals who, through his persistent adherence to the sound principles of health education, has contributed most significantly to the advancement of the health and well-being of mankind.

HENRY F. VAUGHAN, DR.P.H.,  
*Commissioner, Department of Health, Detroit*

Many of us who are interested in the movement for which Dr. Snow stands, and in which he has for so long been the guiding spirit, would wish to join with you in making the dinner a notable one. I wish this letter to carry for all of us the assurance that for what he has done he has our admiration and continued backing. The years just now coming on will ripen the fruits which he has so long and carefully tended.

RALPH E. WAGER,  
*Department of Education, Emory University, Ga.*

Dr. Snow has given, or gives, a great service, and it is enriched by his simplicity, his modesty, and his great talent.

LILLIAN D. WALD,  
*Founder and Ex-President, Henry Street Settlement*

You, as a pioneer in the social hygiene movement when you blazed trails in California, must be feeling great satisfaction and encouragement in the sudden impetus that has been given to the solution of this problem by the courageous steps of the Surgeon-General.

MARGUERITE WALES,  
*Consultant, Nursing Education, W. K. Kellogg Foundation  
Battle Creek*

The Erie Social Hygiene Association sends you warm greetings on the occasion of this celebration in your honor. Since 1919 we in Erie have, with similar organizations throughout the country, followed, as you have led the crusade for nation-wide participation in a venereal disease control program.

The goal is near and we gratefully acknowledge the worth of such leadership. We wish to convey, as well, our appreciation of the great service rendered by the American Social Hygiene Association in preparing whole communities for this new advance in disease control, and to thank the Association for making it possible for so many of us to obtain assistance under your guidance.

Our best wishes for a continuation of your success in your great field of service for human betterment and social health.

BISHOP JOHN CHAMBERLAIN WARD,  
*President, Erie Social Hygiene Association, Erie, Pa.*

We wish to extend our best wishes for a very happy occasion, and our congratulations on the very splendid work accomplished by Dr. William Freeman Snow.

EWING WERLEIN,  
*Chairman, Houston Social Hygiene Committee*

... A man whom we all admire for his undaunted courage in perhaps the most difficult of public health battles.

HUNTINGTON WILLIAMS, M.D.,  
*Commissioner of Health, Baltimore, Md.*

Our Association remembers with gratitude the valuable contribution that Doctor Snow has made in the field of public health throughout the country, and especially his assistance through the Erie Social Hygiene Association to the people of Erie.

It is the sincere wish and earnest hope of the Erie County Health and Tuberculosis Association that the Nation may look forward for many more years to receiving the counsel and advice of Doctor Snow, which have been so valuable in the past.

J. KENNETH WINTER,  
*Executive Secretary, Erie County Health and Tuberculosis Association*

Nothing less than a ceremony national in scope, and international in spirit and implications, is adequate to approach to the measurement of the recognition due to your services to mankind.

THOMAS D. WOOD, M.D., *New York City*

It is most fitting that you should be honored in this fine way and I congratulate you. After all, the best reward is from the consciousness of sincerity and helpfulness to others. These surely God blesses.

MARGARET WYTHE,  
(This is the "adventuresome teacher" to whom  
Dr. Wilbur A. Sawyer referred in his after dinner  
speech, p. 482)

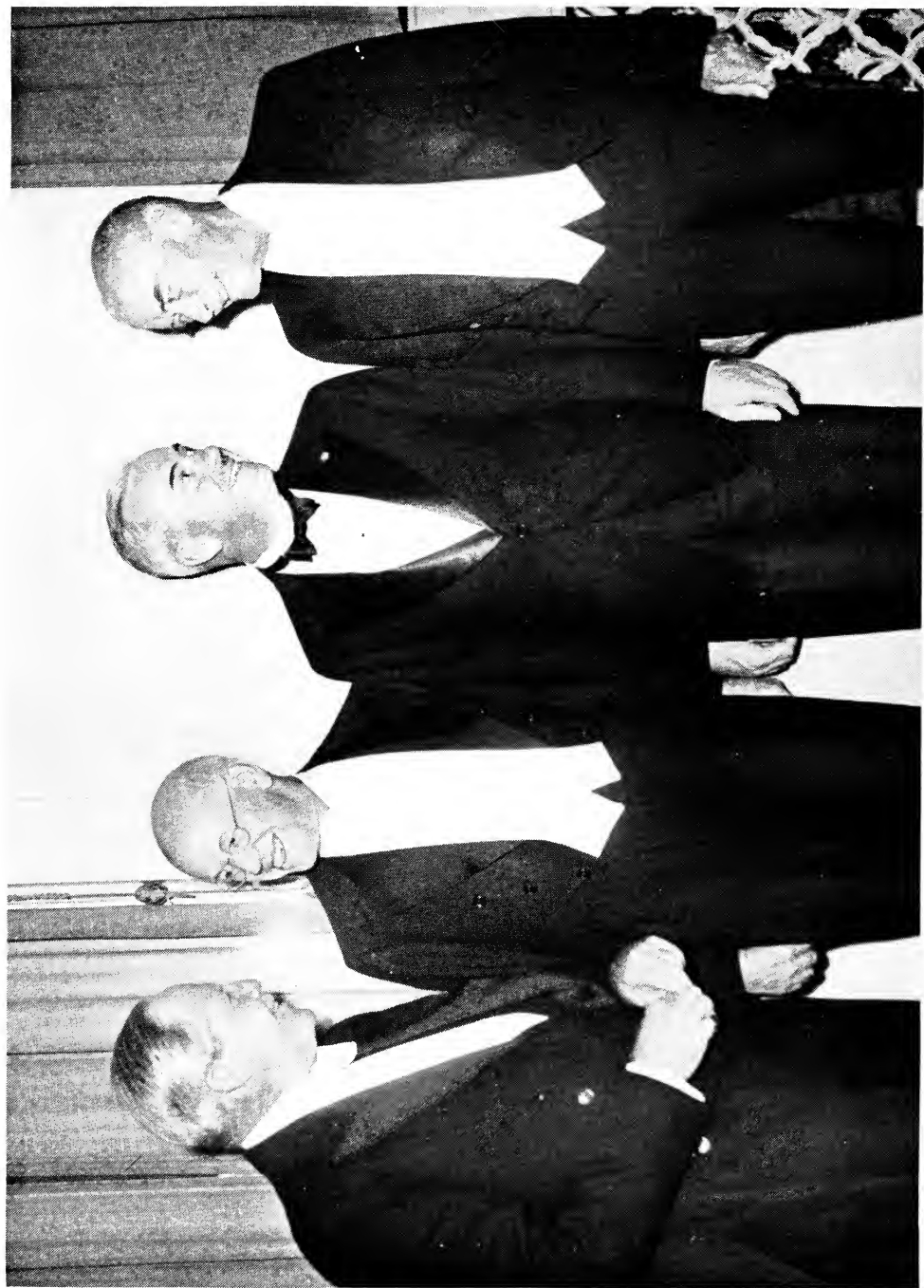
Now that the secret is out (and I suppose with you it has been out from the very beginning, because who could hide *anything* from you in the field of social hygiene?) let me tell you in advance of all the acclaim you are bound to receive on October 1st, how delighted I am that your work, so far-sighted and so courageous, is to be so fittingly crowned.

My experience in public work has been very limited, but I have met plenty of executives in the "busy marts" of trade. There is not a single individual in any field who has, since my leaving the field of social hygiene, been as much of an inspiration to me as you have. This may seem an exaggeration to you, because I certainly have not even extended a little finger to help the work that I was so tremendously interested in during the war—the work which I used always to tell people I hoped to espouse again, when I was older, had a little more time, when my children were educated and my business on an even keel.

I now feel, as I said at a luncheon in December 1936, where I saw you again after all those years, that nobody really needed to work any longer. You single-handedly have brought out into public light a problem that has been hiding for generations in dark corners, because of false modesty and prudery. When I think of the struggles we had during the Great War, beginning in one little room on West 40th Street, with one stenographer, to get any community support at all—and certainly, we got no newspaper publicity of any kind—I do actually feel, as I said in December, like Rip Van Winkle awakening to see how, under your guidance, the world has changed its entire outlook on the almost-last outstanding public menace—venereal disease.

I am going to bring Mrs. Zinsser with me to the dinner, because I feel it will be historical, and something that neither one of us should miss.

WILLIAM H. ZINSSER,  
*Director during the War, Section on Men's Work,  
Social Hygiene Division, War Department Com-  
mission on Training Camp Activities*



FOUR HORSEMEN OF HEALTH IN A HAPPY MOOD

DR. KEYES

DR. SNOW

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PRESIDENT FARRAND



## THE WILLIAM FREEMAN SNOW AWARD

The bronze plaque presented to Dr. Snow at the Testimonial Dinner brought to a fitting close a program that revealed the deep esteem in which he is held by his hosts of friends. Even so the plaque has not yet fulfilled its whole purpose.

Miss Brenda Putnam's portrait design of Dr. Snow is admirably adapted to carry out a continuing plan which was in the minds of those who arranged the presentation of the plaque. The plan proposes the establishment of a *William Freeman Snow Award* to be made from time to time in recognition of outstanding service in the field of social hygiene. A medal reproducing the design of the plaque will be prepared for this purpose and awarded to individuals of distinguished accomplishment.

The Committee on Award named by the Board of Directors of the American Social Hygiene Association consists of the following persons:

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It is proposed that the first award be made at the Annual Meeting of the Association on February 3, 1938.

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**Health Protection**—through prevention and treatment of the health enemies syphilis and gonorrhea

**Good Environment**—influenced by provision for wholesome use of leisure time, exclusion of degrading amusements and repression of commercialized prostitution

**Successful Living**—amplified and safeguarded by sound sex instruction and education for marriage and family relations

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